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| Fill in this information to identify your c                              | :ase:   |
|--|---|
| United States Bankruptcy Court for the:<br>Northern District of Illinois |   |
| Case number (If known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 28 2017

JEFFREY P. ALLSTEADT, CLERK

☐ Check if this is an amended filing

#### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P           | art 1: Identify Yourself                                 |   |  |  |
|-------------|--|---|--|--|
|             |  | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.          | Your full name   |   |  | A Committee of the Comm |
|             | Write the name that is on your government-issued picture | DONZELL   |  |  |
|             | identification (for example, your driver's license or    | First name  |  | First name   |
|             | passport).   | Middle name   | · .  | Middle name  |
|             | Bring your picture                                       | WINFIELD  Last name   | <del></del> A.   |  |
|             | identification to your meeting with the trustee.         |   |  | Last name  |
|             |  | Suffix (Sr., Jr., II, III)  |  | Suffix (Sr., Jr., II, III)   |
| 27.Weste)   | All other nemerous transcriptions                        | the agreement of the Collection of the Section of the Section of the Section of the Collection of the | Charles comment missing philips                        | 銀製料の開発的では、「1995年に対しては、1995年に対しては、1995年に対しては、1995年に対しては、1995年に対している。 1995年に対しています。 1995年には、1995年に対しています。 1995年には、1995   |
| ۷.          | All other names you have used in the last 8              | First name  |  |  |
|             | years  | rust name   | V.   | First name   |
|             | Include your married or maiden names.                    | Middle name   | A<br>A   | Middle name  |
|             |  | Last name   | :  | Last name  |
|             |  | First name  |  | First name   |
|             |  | Middle name   | ***************************************                | Middle name  |
|             |  | Last name   |  | Last name  |
| itti zeleta |  | 1828 Schill (1872), Child III Schill (1882) and the schill (1882) | was gan waan ka sa |  |
| _           | 0.1.11.11.11.11.11                                       |   |  | TO THE PROPERTY OF THE PROPERT |
| 3.          | Only the last 4 digits of your Social Security           | xxx - xx - <u>7</u> <u>9</u> <u>4</u> <u>3</u>  |  | xxx xx   |
|             | number or federal  | OR  |  | OR   |
|             | Individual Taxpayer Identification number                | 9 xx - xx   |  | 9 xx - xx  |
|             | (ITIN)   |   |  | **************************************   |

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| Debtor 1        | DONZELL<br>First Name Middle   | WINFIELD Name Last Name   | Case number (# known)  |
|-----------------|--|---|--|
|                 | nada.  | name Last Mane  |  |
|                 | THE THE PERSON ASSESSED ASSESSED ASSESSED THE CONTRACT ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED A | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| and<br>Iden     | business names<br>Employer<br>tification Numbers<br>you have used in   | ☑ I have not used any business names or Elf   | Is.  |
|                 | ast 8 years  | Business name   | Business name  |
|                 | le trade names and business as names   |   |  |
|                 |  | Business name   | Business name  |
|                 |  | EIN   | EIN — — — — — — — — — — — — — — — — — — —  |
|                 |  | EIN   | EIN — — — — — — — — — — — — — — — — — — —  |
| 5. Wher         | e you live   |   | If Debtor 2 lives at a different address:  |
|                 |  | 5503 W GLADYS   |  |
|                 |  | Number Street   | Number Street  |
|                 |  | CHICAGO IL 60   | 10C 4 4  |
|                 |  |   | 1644         Code         City         State         ZIP Code  |
|                 |  | COOK  | Y  |
|                 |  | County  | County   |
|                 |  | If your mailing address is different from the above, fill it in here. Note that the court will se any notices to you at this mailing address. | if Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|                 |  | Number Street   | Number Street  |
|                 |  | P.O. Box  | P.O. Box   |
|                 |  | City State ZIP  | Code City State ZIP Code   |
|                 | ou are choosing  | Check one:  | строй обторы по от техно в предоставления от   |
| this d<br>bankr | istrict to file for uptcy  | Over the last 180 days before filing this petiti<br>I have lived in this district longer than in any<br>other district.                       | on,  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                  |
|                 |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|                 |  |   |  |
|                 |  |   |  |
|                 |  |   |  |

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| De          | ebtor 1                               | DONZELL<br>First Name Middle Na   |   | VINFIELD<br>Last Name  |   |  | Case number (##  | known)   |
|-------------|---------------------------------------|---|---|--|---|--|--|--|
| P           | art 2: ा                              | ell the Court Abo   | ut Your E   | Bankruptcy   | Case  |  |  |  |
| 7.          | The cha                               | pter of the   | Check c   | one. (For a brie   | ef description of each, s   | see Noti   | ce Required by 11  | U.S.C. § 342(b) for Individuals Filing   |
|             | Bankruj                               | otcy Code you<br>osing to file  | for Bank  | kruptcy (Form  | 2010)). Also, go to the   |  |  |  |
|             | under                                 | osnig to me   | ☑ Cha   | •  |   |  |  |  |
|             |                                       |   | ☐ Cha   | pter 11  |   |  |  |  |
|             |                                       |   |   | pter 12  |   |  |  |  |
| Na na manya | 134,55 ( pg,p5,100 + 55 0 ) no en com | enterent er entere et een gete een teel een en treet en terenteel en een gestel een een | ☐ Cha   | pter 13  | e de la seguira |  | e e e e e e e e e e e e e e e e e e e  | the first the first state of the first control of t |
| 8.          | How you                               | u will pay the fee  | loca your subr with  I ne App  I red By li less pay | Il court for morself, you may mitting your part a pre-printered to pay the lication for Ir quest that may, a judge rathen 150% of the fee in instance. | ore details about how ay pay with cash, cas payment on your bet d address.  The fee in installment addividuals to Pay The may, but is not requil of the official poverty  | w you not shier's conalf, you take. If you may red to, if line the oose the consequence of the consequence o | nay pay. Typical check, or money ur attorney may u choose this or Fee in Installme request this optwaive your fee, at applies to you mis option, you m | eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check official, sign and attach the ents (Official Form 103A).  Ition only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the with your petition.  |
| 9.          | bankrup                               | ve you filed for<br>nkruptcy within the   | <b>☑</b> No   | District   |   | When   |  | Cons number  |
|             | last 8 ye                             | ars?  | La res.   | District   |   | _ vvnen  | MM / DD / YYYY   | Case number  |
|             |                                       |   |   | District   |   | _ When   | MM / DD / YYYY   | Case number  |
|             |                                       |   |   | District   | ***************************************   | _ When   |  | Case number  |
|             |                                       |   | national orthography of the                         |  |   |  | MM / DD / YYYY   | en er og enne og er  |
| 10.         | Are any                               | bankruptcy  | ☑ No  |  |   |  |  |  |
|             |                                       | ending or being   | Yes.  | Debtor   |   |  |  | Relationship to you  |
|             | not filing<br>you, or i               | ot filing this case with<br>ou, or by a business<br>ortner, or by an                    |   |  |   | _ When   | MM / DD / YYYY   | Case number, if known  |
|             | aiiiiate i                            |   |   | Debtor   |   |  |  | Relationship to you  |
|             |                                       |   |   | District   |   | _ When   | MM / DD / YYYY   | Case number, if known  |
| 11.         | Do you r<br>residenc                  |   | ☐ No.<br>☑ Yes.                                     | residence?  No. Go to Yes. Fill o  | dlord obtained an evict   |  |  | and do you want to stay in your  Against You (Form 101A) and file it with  |

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| Debtor 1  | DONZELL First Name Middle Nam  |  | WINFIELD Last Name  | Case number (if known)  |
|---|--|--|---|---|
|   |  |  |   |   |
| Part 3:   | Report About Any I   | Busines  | ses You Own as a \$   | Sole Proprietor   |
| of ar   | /ou a sole proprietor<br>ly full- or part-time   |  | Go to Part 4.   |   |
|   | ness?<br>e proprietorship is a   | ☐ Yes  | . Name and location of b                                      | business  |
| business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership, or |  |  | Name of business, if any                                      |   |
| LLC.  | have more than one   |  | Number Street   |   |
| sole p<br>separ   | roprietorship, use a<br>ate sheet and attach it  |  |   |   |
| to this   | petition.  |  | City  | State ZIP Code  |
|   |  |  | Check the appropriate   | box to describe your business:  |
|   |  |  | ☐ Health Care Busine  | ess (as defined in 11 U.S.C. § 101(27A))  |
|   |  |  | ☐ Single Asset Real E   | Estate (as defined in 11 U.S.C. § 101(51B))   |
|   |  |  |   | efined in 11 U.S.C. § 101(53A))   |
|   |  |  |   | (as defined in 11 U.S.C. § 101(6))  |
| **************************************  |  | and of the death of the street or an article of the street | Mone of the above   |   |
| Chap<br>Bank<br>are y   | ou filing under<br>ter 11 of the<br>ruptcy Code and<br>ou a <i>small business</i>                | can set<br>most red  | <i>appropriate deadlines.</i> If<br>cent balance sheet, state | 11, the court must know whether you are a small business debtor so that it if you indicate that you are a small business debtor, you must attach your lement of operations, cash-flow statement, and federal income tax return or if exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
| debto   | •  | <b>1</b> No.   | I am not filing under Ch                                      | napter 11.  |
| busine  | definition of <i>small</i><br>ass debtor, see<br>S.C. § 101(51D).                                | ☐ No.  | I am filing under Chapte the Bankruptcy Code.                 | er 11, but I am NOT a small business debtor according to the definition in  |
|   |  | Yes.   | t am filing under Chapte<br>Bankruptcy Code.                  | er 11 and I am a small business debtor according to the definition in the   |
| Part 4:   | Report if You Own a  | r Have   | Any Hazardous Prop  | perty or Any Property That Needs Immediate Attention  |
| . Dave  |  |  | XXXIII  |   |
|   | u own or have any<br>rty that poses or is  | <b>Ø</b> No  | ,   |   |
| of imr  | d to pose a threat<br>ninent and<br>fiable hazard to<br>health or safety?                        | ☐ Yes.   | What is the hazard?   |   |
| prope<br>imme   | you own any rty that needs diate attention?  |  | If immediate attention i                                      | is needed, why is it needed?  |
| perisha<br>that mu  | ample, do you own<br>ble goods, or livestock<br>ist be fed, or a building<br>eds urgent repairs? |  |   |   |
|   |  |  | Where is the property?  | ?<br>Number Street  |
|   |  |  |   |   |
|   |  |  |   | City State ZIP Code   |

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| Debtor 1 |  |
|----------|--|

| DONZE      | LL           |
|------------|--------------|
| First Name | Utiddle Name |

WINFIEL

| _                      |  |
|------------------------|--|
| Case number (if known) |  |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Α | bοι | ıt | D | eb | to | r | 1 | : |
|---|-----|----|---|----|----|---|---|---|
|   |     |    |   |    |    |   |   |   |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required to receive a briefing a | ibou |
|---|---|------|
|   | credit counseling because of:             |      |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to | receive a briefi | ng about |
|----------------------|------------------|----------|
| credit counseling be | ecause of:       |          |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-05840 Doc 1 Filed 02/28/17 Entered 02/28/17 14:13:57 Desc Main Document Page 6 of 48

| Debtor 1                                       | DONZELL First Name Middle Nam   | WINFIELD me Last Name   | Case number (if kno   | OWn)  |  |  |  |
|--|---|---|---|---|--|--|--|
| 30 PSQ 00 PSQ 00                               |   |   |   |   |  |  |  |
| Part 6:  | Answer These Que  | stions for Reporting Purpose  | es  |   |  |  |  |
| 16. What<br>you h                              | kind of debts do  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |   |   |  |  |  |
| , , , , ,                                      |   | ☐ No. Go to line 16b. ☐ Yes. Go to line 17.   |   |   |  |  |  |
|  |   | 16b. Are your debts primari money for a business or inv   | iy business debts? Business debts restment or through the operation of the                                | are debts that you incurred to obtain business or investment.   |  |  |  |
|  |   | No. Go to line 16c. Yes. Go to line 17.   |   |   |  |  |  |
|  |   | 16c. State the type of debts you  | owe that are not consumer debts or bus  | iness debts.  |  |  |  |
| 17. Are yo                                     | ou filing under<br>er 7?  | □ No. I am not filing under Cha   | apter 7. Go to line 18.   | en e  |  |  |  |
| any ex<br>exclud<br>admin<br>are pa<br>availal | u estimate that after<br>tempt property is<br>led and<br>istrative expenses<br>id that funds will be<br>ble for distribution<br>ecured creditors? | Yes. I am filing under Chapter administrative expenses  I No Yes  | r 7. Do you estimate that after any exem<br>are paid that funds will be available to d                    | opt property is excluded and distribute to unsecured creditors?   |  |  |  |
|  | nany creditors do<br>timate that you  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
|  | tuch do you<br>te your assets to<br>th?   | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
|  | uch do you<br>te your liabilities   | ✓ \$0-\$50,000  □ \$50,001-\$100,000  □ \$100,001-\$500,000  □ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million                             | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion                        |  |  |  |
| Part 7:  | Sign Below  | <b>3</b> \$300,001-\$1 minor  | <b>以</b> \$100,000,001-\$500 million  | ☐ More than \$50 billion  |  |  |  |
| For you  |   | I have examined this petition, and correct.   | I declare under penalty of perjury that the   | ne information provided is true and   |  |  |  |
|  |   | If I have chosen to file under Chap<br>of title 11, United States Code. I u<br>under Chapter 7.   | oter 7, I am aware that I may proceed, if<br>nderstand the relief available under eac                     | eligible, under Chapter 7, 11,12, or 13<br>h chapter, and I choose to proceed                               |  |  |  |
|  |   | If no attorney represents me and I this document, I have obtained an  | did not pay or agree to pay someone w<br>d read the notice required by 11 U.S.C.                          | ho is not an attorney to help me fill out<br>§ 342(b).  |  |  |  |
|  |   |   | the chapter of title 11, United States Co   |   |  |  |  |
|  |   | I understand making a false staten with a bankruptcy case can result in 18 U.S.C §§ 152, 1341, 1519, and  | in fines up to \$250,000, or imprisonmen:   | noney or property by fraud in connection tfor up to 20 years, or both.                                      |  |  |  |
|  |   | * Nongell U   | Infuld x_   |   |  |  |  |
|  |   | Signature of Debtor 1  Executed on MAN (100 1999)   | Signature of Executed of  |   |  |  |  |

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|                      |  | Document   | Page 7 of 48   |
|----------------------|--|--|--|
| Debtor 1             | DONZELL<br>First Name Middle Name                      | WINFIELD<br>Last Name  | Case number (if known)   |
| bankrupt<br>attorney |  | should understand that mar<br>themselves successfully. B   | ividual, to represent yourself in bankruptcy court, but you ny people find it extremely difficult to represent ecause bankruptcy has long-term financial and legal angly urged to hire a qualified attorney.   |
| an attorn            | e represented by<br>ney, you do not<br>ille this page. | technical, and a mistake or inac<br>dismissed because you did not<br>hearing, or cooperate with the c<br>firm if your case is selected for a   | rectly file and handle your bankruptcy case. The rules are very stion may affect your rights. For example, your case may be file a required document, pay a fee on time, attend a meeting or ourt, case trustee, U.S. trustee, bankruptcy administrator, or audit audit. If that happens, you could lose your right to file another his, including the benefit of the automatic stay.  |
|                      |  | court. Even if you plan to pay a in your schedules. If you do not property or properly claim it as also deny you a discharge of all case, such as destroying or hidi cases are randomly audited to describe the cases. | nd debts in the schedules that you are required to file with the particular debt outside of your bankruptcy, you must list that debt list a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge can your debts if you do something dishonest in your bankruptcy ng property, falsifying records, or lying. Individual bankruptcy letermine if debtors have been accurate, truthful, and complete. crime; you could be fined and imprisoned. |
|                      |  | hired an attorney. The court will successful, you must be familiar   | ttorney, the court expects you to follow the rules as if you had not treat you differently because you are filing for yourself. To be with the United States Bankruptcy Code, the Federal Rules of ocal rules of the court in which your case is filed. You must also tion laws that apply.  |
|                      |  | Are you aware that filing for bank consequences?  No Yes   | kruptcy is a serious action with long-term financial and legal   |
|                      |  | Are you aware that bankruptcy finaccurate or incomplete, you co No Yes   | raud is a serious crime and that if your bankruptcy forms are uld be fined or imprisoned?  |
|                      |  | No Yes. Name of Person   | eone who is not an attorney to help you fill out your bankruptcy forms?  **Preparer's Notice, Declaration, and Signature (Official Form 119).  |
|                      | •  | By signing here, I acknowledge to have read and understood this ne   | hat I understand the risks involved in filing without an attorney. I potice, and I am aware that filing a bankruptcy case without an any rights or property if I do not properly handle the case.    Signature of Debtor 2   |

Contact phone (773) 708-9921

Cell phone

Email address

Contact phone

Cell phone

Email address

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| DONZELL    | WINFIELD              |                        |
|------------|-----------------------|------------------------|
| First Name | Middle Name           | Last Name              |
|            |                       |                        |
| First Name | Middle Name           | Last Name              |
|            | Pirst Name First Name | First Name Middle Name |

Check if this is an amended filing

12/15

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| P  | art 1: Summarize Your Assets   |   |
|----|--|---|
|    |  | Your assets<br>Value of what you own  |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$  |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$  |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 0.00   |
| R  | art 24 Summarize Your Liabilities  |   |
|    |  | Your liabilities Amount you owe   |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$  |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$ <u>21,532.00</u>   |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$  |
|    | Your total liabilities   | \$21,532.00   |
| Pa | Summarize Your Income and Expenses   |   |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$  |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$  |
|    |  | processors as a mass consecution as sold interestibility of the State of the State of the State of the State of |

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WINFIELD

DONZELL

Debtor 1

| Deb          | otor 1                                  |   | INFIELD  | Case number (if known)  |  |
|--------------|---|---|--|---|--|
|              |   | First Name Middle Name Last Name  |  |   |  |
| y - 1-1-61   | 90.20.00M                               | •   |  |   |  |
|              | rt 4:                                   | Answer These Questions for Admin  | istrative and Statistical Red  | cords   |  |
| 6.           | Are yo                                  | u filing for bankruptcy under Chapters 7,   | 11, or 13?   |   |  |
|              |   |   |  | Edler, F. C. B. Service   |  |
|              | V Yes                                   | You have nothing to report on this part of th   | e form. Check this box and submit  | t this form to the court with your other s  | chedules.  |
| egretiktist  | contract becomes as a                   |   | Notici se sa capata se su compresso de la manta de la capata se por como la capata de la capacida de la capaci |   |  |
| 7.           | What k                                  | ind of debt do you have?  |  |   | open and appropriate year president and an extra discounting a spropriate of and a consequent formulae for   |
|              | ☑ You                                   | ir debts are primarily consumer debts. Co   | ansumar dahta ara thasa "ingurrad  | by one individual actuation of the  | . 1  |
|              | fam                                     | ily, or household purpose." 11 U.S.C. § 101(  | (8). Fill out lines 8-9g for statistical   | purposes, 28 U.S.C. § 159.  | аі,  |
|              | You                                     | r debts are not primarily consumer debts  | s. You have nothing to report on th  | is part of the form. Check this box and   | suhmit   |
|              | this                                    | form to the court with your other schedules.  | <b>0</b>   | and some some some some some and  | odbiiii.   |
| 11-12/K15T-4 | р <i>же</i> его-пастчона.               | South a South of the Control of the | es Neckessan nadrad det endale en grip nækeser i mant sad mend Klinda sel en tregjettere kenne sad gefterdt i  |   | t parties of the state of the s |
| 8.           | From ti                                 | ne Statement of Your Current Monthly Inc  | ome: Copy your total current mont  | thly income from Official   |  |
|              | Form 1:                                 | 22A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> ,   | Form 122C-1 Line 14.   |   | \$   |
|              |   |   |  |   |  |
| ***********  | *************************************** | and and a second se  | or contract that is a time to time admiration of the time and the contract of the time to be a subsequent      | t met kalanda is sama ay muun kalanda ara ka kalanda kalanda kananan mada yi kalanda dha dha kanahay, maninnydigigi | e company of the tip right of removes the district content of the transfer of the content of the content of the  |
|              |   |   |  |   |  |
| 9. (         | Copy th                                 | e following special categories of claims f  | rom Part 4, line 6 of Schedule E   | / <b>F</b> :  |  |
|              |   |   |  |   |  |
|              |   |   |  | Total claim   |  |
|              | From                                    |   |  |   |  |
|              | FIOIN                                   | Part 4 on <i>Schedule E/F</i> , copy the followin   | 9: 12/3/2014 19:50   |   |  |
| ,            | ) - D                                   |   |  | _   |  |
| į            | a. Dom                                  | estic support obligations (Copy line 6a.)   |  | \$  |  |
|              | h Taye                                  | s and certain other debts you owe the gover   | rnment (Conviling 6h.)   | •   |  |
|              | , o. Tani                               | o and oction other debts you owe the gover  | rintent. (Copy line ob.)   | Ψ   |  |
| ę            | c. Clair                                | ns for death or personal injury while you wer   | e intoxicated. (Copy line 6c.)   | \$  |  |
|              |   | , , , ,   | ( ( )  |   |  |
| 9            | d. Stud                                 | ent loans. (Copy line 6f.)  |  | \$  |  |
|              |   |   |  |   |  |
| 9            |   | ations arising out of a separation agreemen<br>ty claims. (Copy line 6g.)   | t or divorce that you did not report   | as \$   |  |
|              | prior                                   | ry siamos (copy mic og.)  |  |   |  |
| 9            | f. Debt                                 | s to pension or profit-sharing plans, and other   | er similar debts. (Copy line 6h.)  | + \$  |  |
|              |   |   |  |   |  |
| 9            | g. <b>Tota</b>                          | . Add lines 9a through 9f.  |  | \$  |  |

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| First Name Middle Name Last Name  Debtor 2 (Spouse, if filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois | Debtor 1           | DONZELL                 | WI                        | NFIELD    |  |
|---|--------------------|-------------------------|---------------------------|-----------|--|
| (Spouse, if filling) First Name Middle Name Last Name   |                    | First Name              | Middle Name               | Last Name |  |
|   | Debtor 2           |                         |                           |           |  |
| United States Bankruptcy Court for the: Northern District of Illinois   | (Spouse, if filing | ) First Name            | Middle Name               | Last Name |  |
|   | United States      | Bankruptcy Court for th | e: Northern District of I | Ilinois   |  |

☐ Check if this is an amended filing

#### Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

|                                     | What is the property? Check all that apply.  Single-family home  | Do not deduct secured cla<br>the amount of any secure   | aims or exemptions. Put<br>d claims on <i>Schedule D</i> : |
|-------------------------------------|--|---|--|
| r other description  State ZIP Code | Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare  Other    | entire property?  \$  Describe the nature of interest (such as fee the entireties, or a life)   | portion you own?  \$ of your ownership simple, tenancy by  |
|                                     | Who has an interest in the property? Check one.  |   |  |
|                                     | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co   | mmunity property   |
|                                     |  | em, such as local   |  |
| e, list here:                       | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building          | Do not deduct secured cla<br>the amount of any secured  | d claims on Schedule D                                     |
| other description                   | ☐ Condominium or cooperative ☐ Manufactured or mobile home   | Current value of the entire property?   | Current value of the portion you own?                      |
|                                     | Land   | \$  | \$   |
| State ZIP Code                      | ☐ Timeshare ☐ Other  | interest (such as fee :   | simple, tenancy by   |
|                                     | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another         | Check if this is co   | mmunity property   |
|                                     | e, list here:  | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:  what is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only | Single-family home   |

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|  | First Name Middle Name   |               |  |                        |  |   |
|--|--|---------------|--|------------------------|--|---|
| 1.3.                                   | Street address, if available, or other de  | escription    | What is the property? Check all that app  Single-family home  Duplex or multi-unit building  | oly,                   | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clai  | ed claims on Schedule   |
|  |  | ,,,           | Condominium or cooperative  Manufactured or mobile home  |                        | Current value of the entire property?  | Current value of portion you own  |
|  |  |               | Land Investment property   |                        | \$   | \$  |
|  | City State   | ZIP Code      | Timeshare  Other   |                        | Describe the nature interest (such as fee the entireties, or a life  | simple, tenancy b   |
|  |  |               | Who has an interest in the property?   | Check one.             |  |   |
|  | County   |               | Debtor 1 only  |                        |  |   |
|  | ,  |               | Debtor 2 only Debtor 1 and Debtor 2 only   |                        | Check if this is co  | ammunitu aranaw   |
|  |  |               | At least one of the debtors and another  |                        | (see instructions)   | minianty propert  |
|  |  |               | Other information you wish to add ab property identification number:   |                        |  |   |
| dd tl                                  | ne dollar value of the portion you   | ı own for all | of your entries from Part 1, including   | any entries t          | for pages  | c   |
|  |  |               | ere  |                        |  | \$  |
| ou o                                   |  |               | t in any vehicles, whether they are regi   |                        |  | ·   |
| ou o<br>own t<br>cars,                 | wn, lease, or have legal or equita<br>hat someone else drives. If you lea<br>vans, trucks, tractors, sport utilit  | ise a vehicle | , also report it on Schedule G: Executory  |                        |  | S   |
| own t                                  | wn, lease, or have legal or equita<br>hat someone else drives. If you lea<br>vans, trucks, tractors, sport utilit  | ise a vehicle | , also report it on Schedule G: Executory  |                        |  | ;   |
| ou o<br>own t<br>ars,<br>1 No<br>1 Ye  | wn, lease, or have legal or equita<br>hat someone else drives. If you lea<br>vans, trucks, tractors, sport utilit  | ise a vehicle | , also report it on Schedule G: Executory motorcycles  Who has an interest in the property?  | Contracts an           | d Unexpired Leases.  Do not deduct secured cla   | ims or exemptions, P  |
| ou o<br>wn t<br>ars,<br>No             | wn, lease, or have legal or equita<br>hat someone else drives. If you lea<br>vans, trucks, tractors, sport utilit<br>s   | ise a vehicle | who has an interest in the property?   | Contracts an           | d Unexpired Leases.  | ims or exemptions. P<br>I claims on Schedule  |
| ou o<br>wn t<br>ars,<br>No<br>Ye       | wn, lease, or have legal or equita<br>hat someone else drives. If you lea<br>vans, trucks, tractors, sport utilit<br>s<br>s  | ise a vehicle | who has an interest in the property?  Debtor 1 only Debtor 2 only  | Contracts an           | nd Unexpired Leases.  Do not deduct secured clathe amount of any secured Creditors Who Have Claim  | ims or exemptions. P<br>I claims on Schedule<br>is Secured by Proper  |
| ars,<br>1 No<br>1 Ye                   | wn, lease, or have legal or equita hat someone else drives. If you lea vans, trucks, tractors, sport utility is seen that was a seen that was  | ise a vehicle | who has an interest in the property?  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Contracts an           | nd Unexpired Leases.  Do not deduct secured clatte amount of any secured.  | ims or exemptions, P<br>I claims on Schedule<br>as Secured by Proper<br>Current value of  |
| ou o<br>own t<br>ars,<br>1 No<br>1 Ye  | wn, lease, or have legal or equita hat someone else drives. If you lea  vans, trucks, tractors, sport utilit  s  Make:  Model:   | ise a vehicle | who has an interest in the property?  Debtor 1 only Debtor 2 only  | Contracts an           | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain   | ims or exemptions, P<br>I claims on Schedule<br>as Secured by Proper<br>Current value of  |
| ou o<br>wn t<br>No<br>Ye               | wn, lease, or have legal or equita hat someone else drives. If you lea vans, trucks, tractors, sport utilities  Make:  Model:  Year:  Approximate mileage:   | ise a vehicle | who has an interest in the property?  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Contracts an           | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain   | ims or exemptions. Fi<br>claims on Schedule<br>as Secured by Proper<br>Current value of   |
| ou o<br>own t<br>ars,<br>No<br>Ye      | wn, lease, or have legal or equita hat someone else drives. If you lea vans, trucks, tractors, sport utilities  Make:  Model:  Year:  Approximate mileage:   | ty vehicles,  | who has an interest in the property?  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community propert  | Contracts an           | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain<br>Current value of the<br>entire property?   | ims or exemptions. P<br>I claims on Schedule<br>is Secured by Proper<br>Current value of<br>portion you own   |
| ou o<br>wn t<br>ars,<br>No<br>Ye       | wn, lease, or have legal or equita hat someone else drives. If you leavans, trucks, tractors, sport utility is seen and the seen are seen and the seen are seen are seen and the seen are seen a | ty vehicles,  | who has an interest in the property?  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community propert  | Check one.             | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain<br>Current value of the<br>entire property?   | ims or exemptions, P<br>I claims on Schedule<br>is Secured by Proper<br>Current value of<br>portion you own   |
| ou ou opwn t ars, ars, No. 2 Ye        | wn, lease, or have legal or equita hat someone else drives. If you leavans, trucks, tractors, sport utilities.  Make:  Model:  Year:  Approximate mileage:  Other information:   | ty vehicles,  | who has an interest in the property?  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community propert instructions)  Who has an interest in the property?  Debtor 1 only   | Check one.  Check one. | Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$   | ims or exemptions. Piclaims on exemptions of exemptions. Piclaims or exemptions. Piclaims on Schedule   |
| ou o<br>pown t<br>ars,<br>1 No<br>2 Ye | wn, lease, or have legal or equita hat someone else drives. If you leavans, trucks, tractors, sport utilities.  Make:  Model:  Year:  Approximate mileage: Other information:  own or have more than one, described where the more than one in the content of the con | ty vehicles,  | motorcycles  Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community propert instructions)  Who has an interest in the property? ( Debtor 1 only Debtor 2 only                             | Check one.             | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claithe amount of any secured Creditors Who Have Claim | ims or exemptions, P. I claims on Schedule is Secured by Proper.  Current value of portion you own  \$  |
| ou o ou  | wn, lease, or have legal or equita hat someone else drives. If you leavans, trucks, tractors, sport utility of the second | ty vehicles,  | motorcycles  Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community propert instructions)  Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Check one.             | Do not deduct secured clathe amount of any secured Creditors Who Have Clain  Current value of the entire property?  \$   | ims or exemptions. Piclaims on exemptions of exemptions. Piclaims or exemptions. Piclaims on Schedule   |
| ou o<br>pown t<br>ars,<br>No<br>Ye     | wn, lease, or have legal or equita hat someone else drives. If you leavans, trucks, tractors, sport utilities.  Make:  Model:  Year:  Approximate mileage: Other information:  own or have more than one, described where the more than one in the content of the con | ty vehicles,  | motorcycles  Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community propert instructions)  Who has an interest in the property? ( Debtor 1 only Debtor 2 only                             | Check one.             | Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$   | ims or exemptions, Place of portion you own  Secured by Proper  Current value of portion you own  ms or exemptions. Place of portion you own  secured by Proper  Current value of |

Debtor 1

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DONZELL Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. 3,3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: 3.4. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ZÍ No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Middle Name

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Case number (if known)\_

Debtor 1

**Describe Your Personal and Household Items** 

| D   | o you own or have any l                                     | egal or equitable interest in any of the following items?  | portion y<br>Do not ded | uct secured claims |
|-----|---|--|-------------------------|--------------------|
| \ 6 | Household goods and   | orangen er i trend het een die deer met tree een verde een die de staggegendde gebeuren gegen de gegen gegen<br>Furnichinge  | or exemption            | ons,               |
| ٠.  | -   | ices, furniture, linens, china, kitchenware  |                         |                    |
|     | □ No  | oos, formars, arens, sama, Nichenware  |                         |                    |
|     | Yes. Describe   |  | \$                      | 1,100.00           |
| 7.  | Electronics   |  |                         |                    |
|     | Examples: Televisions a collections; e                      | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games  |                         |                    |
|     | □ No  |  | mmy                     |                    |
|     | Yes. Describe   | T.V  | \$                      | 400.00             |
| 8.  | Collectibles of value                                       |  | und                     |                    |
|     | Examples: Antiques and stamp, coin, o                       | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles  |                         |                    |
|     | Yes. Describe   |  | \$                      |                    |
| 9.  | Equipment for sports ar                                     | nd hobbies   | work                    |                    |
|     | and kayaks; o   | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes arpentry tools; musical instruments  |                         | :                  |
|     | No No   | The distribution of the control of t | 1                       |                    |
|     | Yes. Describe   |  | \$                      | :                  |
|     | Firearms  |  |                         | 2                  |
| 10. |   | shotguns, ammunition, and related equipment  |                         |                    |
|     | Yes. Describe   |  | \$                      | :                  |
|     | □ No  | nes, furs, leather coats, designer wear, shoes, accessories  |                         | :                  |
|     | Yes. Describe   | CLOTHES  | \$                      | 700.00             |
|     | gold, silver  | lry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  | \$                      | 50.00              |
|     | <b>Non-farm animals</b><br><i>Examples:</i> Dogs, cats, bir |  |                         |                    |
|     | ☑ No  |  |                         | :                  |
|     | Yes. Describe   |  | \$                      |                    |
| 14. | Any other personal and i                                    | nousehold items you did not already list, including any health aids you did not list   | į                       | •                  |
| ļ   | ☑ No  |  |                         |                    |
|     | Yes. Give specific information.                             |  | \$                      | :                  |
| 15  |   | Il of your entries from Part 3, including any entries for pages you have attached  |                         |                    |
|     |   | ber here   | \$                      |                    |

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Debtor 1

DONZELL

First Name

Case number (if known)\_

| Part 4: Describe Y                                  | our Financial Assets   |   |  |
|---|--|---|--|
| Do you own or have an                               | y legal or equitable interest in   | any of the following?   | Current value of the portion you own?          |
|   |  |   | Do not deduct secured claims<br>or exemptions. |
| 16. Cash  Examples: Money you                       | ı have in your wallet, in your hoi                                       | ne, in a safe deposit box, and on hand when you file your petition  |  |
| <b>⊘</b> N₀   |  |   |  |
| ☐ Yes   |  | Cash;   | \$   |
| and other s   | savings, or other financial accor<br>similar institutions. If you have n | unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each. |  |
| ☑ No  |  |   |  |
| ☐ Yes   |  | Institution name:   |  |
|   | 17.1. Checking account:  |   | \$   |
|   | 17.2. Checking account:  |   | \$   |
|   | 17.3. Savings account:   |   | \$   |
|   | 17.4. Savings account:   |   | \$   |
|   | 17.5. Certificates of deposit:   |   | \$   |
|   | 17.6. Other financial account:   |   | \$   |
|   | 17.7. Other financial account:   |   | \$   |
|   | 17.8. Other financial account:   |   | \$   |
|   | 17.9. Other financial account:   |   | \$   |
|   |  |   | Ψ  |
|   | or publicly traded stocks investment accounts with broke                 | erage firms, money market accounts  |  |
| Yes   | Institution or issuer name:  |   |  |
|   |  |   | \$   |
|   |  |   | \$   |
|   |  |   | \$   |
|   |  |   |  |
| 19. Non-publicly traded s<br>an LLC, partnership, a | tock and interests in incorpor<br>and joint venture                      | ated and unincorporated businesses, including an interest in  |  |
| ☑ No  | Name of entity:  | % of ownership:   |  |
| Yes. Give specific information about                | www.   | 0%  | \$   |
| them  |  | 0%_%  | \$   |
|   |  |   | \$   |
|   |  |   |  |

Case 17-05840 Doc 1 Filed 02/28/17 Entered 02/28/17 14:13:57 Page 15 of 48 Document DONZELL WINFIELD Debtor 1 Case number (if known) First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Z No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☑ No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Mo No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: \_ Prepaid rent: Telephone: Water: Rented furniture: Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

| <b>∠</b> No |                              |    |  |
|-------------|------------------------------|----|--|
| ☐ Yes       | Issuer name and description: |    |  |
|             |                              | \$ |  |
|             |                              | \$ |  |
|             |                              | •  |  |

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Document DONZELL WINFIELD Debtor 1 Case number (if known) First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No No Yes, Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Z No Yes, Give specific information Federal<sup>1</sup> about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else Z No Yes, Give specific information.....

Case 17-05840 Doc 1 Filed 02/28/17 Entered 02/28/17 14:13:57 Page 17 of 48 Document **WINFIELD** DONZELL Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. 2 No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No. Yes. Describe each claim. ... 35. Any financial assets you did not already list No. ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ZI No Yes. Describe....

Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Z No

Yes. Describe...

Case 17-05840 Doc 1 Filed 02/28/17 Entered 02/28/17 14:13:57 Page 18 of 48 Document DONZELL Debtor 1 Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **☑** No Yes. Describe.... 41. Inventory ☑ No ☐ Yes. Describe.. 42. Interests in partnerships or joint ventures ☑ No Yes, Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ₩ No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list **✓** No ☐ Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related pro  ✓ No. Go to Part 7.  ✓ Yes. Go to line 47. | perty?  |
|---|---|
|   | Current value of the portion you own?         |
| 47. Farm animals  | Do not deduct secured claim<br>or exemptions. |

Examples: Livestock, poultry, farm-raised fish

| Z | No  |  |
|---|-----|--|
|   | Yes |  |
|   |     |  |

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| 48. Crops—either growing or harvested  ✓ No   |  |
|---|--|
| ☐ Yes. Give specific  | **   |
| information   | \$   |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  2 No   |  |
| Yes   | 40.45 47.000 \$ \$ 40.00 \$ \$   |
|   | \$   |
| 50. Farm and fishing supplies, chemicals, and feed  |  |
| ☑ No  |  |
| ☐ Yes   | And the first of the second of |
| 51. Any farm- and commercial fishing-related property you did not already list  | \$   |
| <sup>™</sup> No   |  |
| Yes. Give specific information.   | A Commence of the Commence of  |
|   | \$   |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here | →   \$   |
|   |  |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Abo  |  |
| Describe All Property Tou Own of have an interest in That You Did Not List Abo  | ve   |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership                           |  |
| ☑ No  |  |
| Yes. Give specific information  | \$   |
| mornation   | \$   |
|   | <b>4</b>   |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   | <b>&gt;</b> \$   |
|   |  |
| Part 8: List the Totals of Each Part of this Form   |  |
|   | :  |
| 55. Part 1: Total real estate, line 2   | <b>\$</b>  |
| 56. Part 2: Total vehicles, line 5  |  |
| 57. Part 3: Total personal and household items, line 15 \$  |  |
| 58. Part 4: Total financial assets, line 36   |  |
| 9. Part 5: Total business-related property, line 45   |  |
|   |  |
| 60. Part 6: Total farm- and fishing-related property, line 52   |  |
| 11. Part 7: Total other property not fisted, line 54 + \$   |  |
| 2. Total personal property. Add lines 56 through 61   | <b>→</b> +s  |
|   |  |
| 3. Total of all property on Schedule A/B. Add line 55 + line 62   | \$ 2,250.00  |
|   |  |

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| Fill in this information to identify your case: |                         |                             |                                       |  |  |  |
|---|-------------------------|-----------------------------|---------------------------------------|--|--|--|
| Debtor 1  | DONZELL                 | WI                          | NFIELD                                |  |  |  |
|   | First Name              | Middle Name                 | Last Name                             |  |  |  |
| Debtor 2  |                         |                             |                                       |  |  |  |
| (Spouse, if filing                              | ) First Name            | Middle Name                 | Last Name                             |  |  |  |
| United States                                   | Bankruptcy Court for th | e: Northern District of III | inois                                 |  |  |  |
| Case number                                     |                         | ***                         | · · · · · · · · · · · · · · · · · · · |  |  |  |
| (ii kilowii)                                    |                         |                             |                                       |  |  |  |

Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|---|------------------------------------|
|   | Copy the value from Schedule A/B     | Check only one box for each exemption.                            |                                    |
| Brief description:  | \$                                   | <b>0</b> s  |                                    |
| Line from Schedule A/B:   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  | \$                                   | <b>\$</b>   |                                    |
| Line from Schedule A/B:   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  | \$                                   | <b>O</b> \$   |                                    |
| Line from Schedule A/B:   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |

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| Middle Name | Last Name |
|-------------|-----------|
|             |           |
| Middle Name | Last Name |
|             |           |

☐ Check if this is an amended filing

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do, any creditors have claims secured by your property?
  - Mo. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

| for each claim. If more than one creditor  | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. shabelical order according to the creditor's name.            | Column A Amount of claim Do not deduct the value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|--|---|---|--|--|
| 2.1  | Describe the property that secures the claim:   | \$  | \$   | \$   |
| Creditor's Name  |   |   |  | ·  |
| Number Street  City State ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |   |  |  |
| ·  | ☐ Disputed  |   |  |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |   |  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | -   |  |  |
| Date debt was incurred   | Last 4 digits of account number   |   |  |  |
| 2.2  | Describe the property that secures the claim:   | \$  | \$   | \$   |
| Creditor's Name  |   |   |  |  |
| Number Street  | -   | -   |  |  |
| City State ZIP Code  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  |   |  |  |
| Who owes the debt? Check one.  | •   |   |  |  |
| Debtor 1 only  | Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)  |   |  |  |
| Debtor 2 only  | <ul> <li>An agreement you made (such as mortgage or secured<br/>car loan)</li> </ul>  |   |  |  |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's lien)  |   |  |  |
| At least one of the debtors and another  | Judgment lien from a lawsuit  |   |  |  |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)   |   |  |  |
| Date debt was incurred   | Last 4 digits of account number   |   |  |  |

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| Fill in this in           | iformation to iden   | tify your case:            |           |
|---------------------------|--|----------------------------|-----------|
| Debtor 1                  | DONZELL  | WII                        | NFIELD    |
| ĺ                         | First Name   | Middle Name                | Last Name |
| Debtor 2                  |  |                            |           |
| (Spouse, if filing)       | First Name   | Middle Name                | Last Name |
| United States E           | Bankruptcy Court for ti  | he: Northern District of I | Ilinois   |
| Case number<br>(If known) | West Control of the C |                            |           |

### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority amounts, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority Namount are smooth to the creditor's Name.  Last 4 digits of account number \$ 13,240 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | y and<br>ority<br>onpriority   |
|--|--|
| 2.1 RRG TWD FAM Last 4 digits of account number \$\frac{13,240}{\text{s}}\text{ s} \square \text{s}\$  |  |
| Priority Creditor's Name  Last 4 digits of account number \$ 15,240 \$ |  |
| When was the debt incurred?  |  |
|  |  |
| As of the date you file, the claim is: Check all that apply.  City State ZIP Code  Who incurred the debt? Check one.   |  |
| Debtor 1 only  |  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  Debtor 1 and Debtor 2 only  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated  |  |
| No Other, Specify  |  |
| 2.2 AR tone credit Last 4 digits of account numbers_5_3 _ss  Priority Criditor's Name  | with Antonia (Antonia Antonia A  |
| As of the date you file, the claim is: Check all that apply.  City  State  City  Check one.  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  | e en   |
| Debtor 1 only  | s  |
| Debtor 2 only  Demostic support obligations  Type of PRIORITY unsecured claim:  Domestic support obligations   | wysi bi  |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Taxes and certain other debts you owe the government  | de proceded.   |
| Chack if this claim is for a community dabt  |  |
| Is the claim subject to offset?  Other. Specify  Yes   | and the second s |

Middle Name

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Debtor 1

DONZELL

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Part 1: Your PRIORITY Unsecured Claims — Continuation Page

| D Page - 10  | Priority Nonpriority amount amount   |
|--|--|
| Prigrity Creditor's Name  Last 4 digits of account number \$\$   | \$   |
| Number Street When was the debt incurred?  |  |
| As of the date you file, the claim is: Check all that apply.  City  State  ZIP Code  Unliquidated  Disputed  |  |
| Who incurred the debt? Check one.  |  |
| Debtor 1 only  Type of PRIORITY unsecured claim:   |  |
| Debtor 1 and Debtor 2 only   |  |
| At least one of the debtors and another  Claims for death or personal injury while you were  |  |
| ☐ Check if this claim is for a community debt intoxicated ☐ Other. Specify   |  |
| Is the claim subject to offset?  |  |
| ☐ No ☐ Yes   |  |
| Tedit Notection Last 4 digits of account number \$241/s  | Section of the section of the contract of the  |
| Priority Creditor's Name  When was the debt incurred?  |  |
| As of the date you file, the claim is: Check all that apply.   |  |
| City State ZIP Code Unliquidated   |  |
| Who incurred the debt? Check one.  |  |
| Debtor 1 only  Type of PRIORITY unsecured claim:   |  |
| Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Taxes and certain other debts you owe the government  |  |
| ☐ Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt |  |
| Is the claim subject to offset?  ☑ No □ Yes  |  |
| And Edit   | an alle and the state of the st |
| Priority Creditor's Name  Last 4 digits of account number \$\$_\$  When was the debt incurred?   |  |
| Number Street  |  |
| As of the date you file, the claim is: Check all that apply.   |  |
| City State ZIP Code Contingent Unliquidated Disputed   |  |
| Who incurred the debt? Check one.  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only ☐ Type of PRIORITY unsecured claim:  |  |
| Debtor 1 and Debtor 2 only  Taxes and certain other debts you owe the government   |  |
| At least one of the debtors and another  Claims for death or personal injury while you were intoxicated  | inimat i generalisti kan   |
| Other. Specify   | A STATE OF THE PROPERTY OF THE |
| Is the claim subject to offset? ☐ No ☑ Yes   | **************************************   |

Debtor 1

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|------------------------|---------------------|
| Donzell                | ( / ) Docyment      |
| First Name Middle Name | Last Name           |

| Part 1: Your PRIORITY Unsecured Claim  | s — Continuation Page   |  |   |  |
|--|---|--|---|--|
| After listing any entries on this page, number then  | n beginning with 2.3, followed by 2.4, and so forth.                              | Total claim                                      | Priority<br>amount  | Nonpriority<br>amount  |
| Priority Creditor's Name   | Last 4 digits of account number   | s 1863   | \$  | <b>\$</b>  |
| Number Street  | When was the debt incurred?   |  |   |  |
|  | As of the date you file, the claim is: Check all that apply.                      |  |   |  |
| City State C7504  Who incurred the debt? Check one.  | Contingent Unliquidated Disputed  |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:   |  |   |  |
| Debtor 2 only  | Domestic support obligations  |  |   |  |
| Debtor 1 and Debtor 2 only   | Taxes and certain other debts you owe the government                              |  |   |  |
| <ul><li>At least one of the debtors and another</li><li>Check if this claim is for a community debt</li></ul>  | Claims for death or personal injury while you were intoxicated                    |  |   |  |
| Is the claim subject to offset?  | Other. Specify  |  |   |  |
| ₫ No   |   |  |   |  |
| ☐ Yes  |   |  |   |  |
| Culf Nost Promy Greditor's Name  | Last 4 digits of account number   | s <u>153</u>                                     | <u> </u>  | ntheleanisticities and include a contract of the contract of t |
| Number Street Ve JA  | When was the debt incurred?   |  |   |  |
|  | As of the date you file, the claim is: Check all that apply.                      |  |   |  |
| Sarasota 12 34233  | Contingent  |  |   |  |
| City State ZIP Code  | Unliquidated Disputed   |  |   |  |
| Who incurred the debt? Check one.  |   |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:   |  |   |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   | Domestic support obligations  |  |   |  |
| At least one of the debtors and another  | Taxes and certain other debts you owe the government                              |  |   |  |
| ☐ Check if this claim is for a community debt  | Claims for death or personal injury while you were intoxicated  Other. Specify    |  | ·   |  |
| Is the claim subject to offset?  |   |  |   |  |
| ☑ No   |   |  |   |  |
| Yes The Control of th |   |  | MATTE A PARTIE FLOT SEE SEE STUDENTS AND RELEASE BADE                               | integra termen at trasministration politrica estre su principales.   |
| Procly Creditor's Name   | Last 4 digits of account number   | s 2,408  | \$  | \$   |
| Priority Creditor's Name Number Street   | When was the debt incurred?   |  |   |  |
|  | As of the date you file, the claim is: Check all that apply.                      |  |   |  |
| Christing I Cal 224  | Contingent  |  |   |  |
| City State ZIP Code  | Unliquidated  |  |   |  |
| Who incurred the debt? Check one.  | ☐ Disputed  |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:   |  | ,   |  |
| Debtor 2 only  | Aug.  |  |   |  |
| Debtor 1 and Debtor 2 only   | Domestic support obligations Taxes and certain other debts you owe the government |  |   |  |
| At least one of the debtors and another  | Claims for death or personal injury while you were                                |  |   |  |
| Check if this claim is for a community debt  | intoxicated  Other. Specify   | No deminoración popularistran y custo de pensoad | a Principal Anni Barran Anni Amerika ya Karana Anni Anni Anni Anni Anni Anni Anni A | DATA DO SANTA DA COMENTA A A SE QUE MANA 4 A N. MENSANO (MANA SE MANA).  |
| Is the claim subject to offset?  |   |  |   |  |
| ☑ No<br>□ Yes  |   |  |   |  |

Debtor 1

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|----|---|---|----|---|---|---|---|
| и. | z |   | J. | U | c | - | Į |
|    |   |   |    |   |   |   |   |
|    |   |   |    |   |   |   |   |

Your NONPRIORITY Unsecured Claims — Continuation Page

| Af   | ter listing any entries on this page, number them beginning with   |  | Total claim  |
|--|--|--|--|
|  | Remy Ens   | Last 4 digits of account number  | s 419  |
|  | Nonpriority Cleditor's Name (130 & Rando of (+   | When was the debt incurred?  | ,  |
| and the second second                          | Rumber Street & W Work   | As of the date you file, the claim is: Check all that apply.   |  |
| 47. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Yes  | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  |  |
|  | City of Chicays  | Last 4 digits of account number  | nerra programa por estado por de continue promider en la cale en encenario.  |
|  | Nonpriority Creditor's Name  V A B TO COLO TO  | When was the debt incurred?  | \$ <u>0</u> 05   |
|  | Number Street  | As of the date you file, the claim is: Check all that apply.   |  |
|  | City State ZIP Code  | ☐ Contingent   |  |
|  | Who incurred the debt? Check one.  | Unliquidated   |  |
|  | Debtor 1 only  | Disputed   | :  |
|  | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |  |
|  | Debtor 1 and Debtor 2 only At least one of the debtors and another   | Student loans  |  |
|  | Check if this claim is for a community debt  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  |  |
|  | ·  | Debts to pension or profit-sharing plans, and other similar debts  | The second secon |
|  | Is the claim subject to offset?  | Other. Specify   |  |
|  | Yes  |  | - markey parties An  |
|  |  |  |  |
|  |  | Last 4 digits of account number  | \$   |
|  | Nonpriority Creditor's Name  | When was the debt incurred?  | WF. (  |
|  | Number Street  | As of the date you file, the claim is: Check all that apply.   |  |
|  | City State ZIP Code  | Contingent   |  |
|  | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed  | and a second sec |
|  | ☐ Debtor 1 only  | wa Disputed  |  |
|  | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   | :<br>:   |
|  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | ☐ Student loans  |  |
|  | ☐ Check if this claim is for a community debt  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>  | To a second  |
|  | Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  | Marie Control  |
|  | No   | Other. Specify   |  |
|  | Yes  |  | \<br>\<br>!  |
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Case 17-05840

Doc 1

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Desc Main

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

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- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

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- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

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|----------------|------------|
| Total claim    |            |

### 6f.

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| 6j. | \$<br>21 | ,532 |
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|     | <br>     |      |

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| DONZELL    | WINFIELD    |                       |                                 |
|------------|-------------|-----------------------|---------------------------------|
| First Name | Middle Name | Last Name             | ····                            |
|            |             |                       |                                 |
| First Name | Middle Name | Last Name             |                                 |
|            | irst Name   | irst Name Middle Name | irst Name Middle Name Last Name |

☐ Check if this is an amended filing

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
  example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
  unexpired leases.

|               | Person c | r company with   | whom you                              | have the contract or lease     | State what the contract or lease is for  |
|---------------|----------|--|---------------------------------------|--------------------------------|--|
| 2.1           |          |  |                                       | 是在2000年的1990年,<br>1990年(1990年) |  |
|               | Name     |  | · · · · · · · · · · · · · · · · · · · |                                |  |
|               | Number   | Street   |                                       |                                |  |
| ensee sterang | City     | in Caroni Man-Malaenin Dalam Kundada projesti ma                     | State                                 | ZIP Code                       |  |
| 2.2           | Name     |  |                                       | VIII.                          | Annahama an anahan   |
|               | Number   | Street   |                                       |                                |  |
|               |          | Street   |                                       |                                |  |
| 2.3           | City     |  | State                                 | ZIP Code                       | THE THE PROPERTY OF THE PROPER |
|               | Name     |  |                                       |                                |  |
|               | Number   | Street   |                                       |                                | <del></del>  |
|               | City     |  | State                                 | ZIP Code                       |  |
| 2.4           | Name     |  |                                       |                                | Na Photo-Paraconina-   |
|               | Number   | Street   |                                       |                                |  |
| 20000/2000    | City     | kenka etk 1 mentle en nestaslannskik dentkenskalik stocka sossa sis. | State                                 | ZIP Code                       |  |
| 2.5           |          |  |                                       |                                |  |
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|   | st Name |
|---|---------|
| Debtor 2  |         |
|   |         |
| (Spouse, if filing) First Name Middle Name Li                         | st Name |
| United States Bankruptcy Court for the: Northern District of Illinois | st Name |

☐ Check if this is an amended filing

### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Do you ha<br>No<br>Yes                    | ave any codebtors? (if y   | ou are filing a joint case, do i                        | not list either spouse a                           | s a codebt   | or.)  |
|---|--|---|--|--|---|
| Within the                                | e last 8 years, have you<br>California, Idaho, Louisian                    | lived in a community prop<br>a, Nevada, New Mexico, Pue | erty state or territory?<br>erto Rico, Texas, Wash | ? (Commu.  | nity property states and territories include  |
|   | o to line 3.   | ,   | 5110 11100, 10x40, 11401                           | inigion, ui  | a visconsii.)   |
|   |  | pouse, or legal equivalent liv                          | e with you at the time?                            |  |   |
| <b>☑</b> No                               |  | · • • • • • • • • • • • • • • • • • • •                 | ,  |  |   |
| ☐ Ye                                      | es. In which community sta   | ate or territory did you live? _                        | ,  | Fill in the  | name and current address of that person.  |
| Na  | ame of your spouse, former spous   | se, or legal equivalent                                 |  |  |   |
| Nu  | umber Street   | No.   |  |  |   |
| Cit                                       |  | State   | ZIP Code   |  |   |
| - '                                       | •  | 514.15  | L. 0000  |  |   |
| Schedule                                  | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | le G (Offic  | re you have listed the creditor on ial Form 106G). Use Schedule D,  |
| Schedule                                  | D (Official Form 106D),  | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | le G (Offic  | re you have listed the creditor on ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb   |
| Schedule<br>Column 1                      | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | le G (Offic  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb  eck all schedules that apply:   |
| Schedule                                  | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Coll   | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb  eck all schedules that apply:  Schedule D, line   |
| Schedule<br>Column 1                      | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Coll   | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the debeck all schedules that apply:   |
| Schedule Column 1 Name                    | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Coll   | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb eck all schedules that apply:  Schedule D, line Schedule E/F, line   |
| Column 1  Name  Number                    | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Colle G (Office  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the debeck all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line   |
| Schedule Column 1 Name Number             | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Colle G (Office  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb eck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  |
| Schedule Column 1  Name Number City  Name | D (Official Form 106D), E/F, or Schedule G to file : Your codebtor         | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Collina Collina Chi  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the det eck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line   |
| Column 1  Name  Number  City              | D (Official Form 106D),<br>E/F, or Schedule G to fi                        | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Collina Collina Chi  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the debeck all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line   |
| Schedule Column 1  Name Number City  Name | D (Official Form 106D), E/F, or Schedule G to file : Your codebtor         | Schedule E/F (Official Form                             | m 106E/F), or Schedul                              | Collina Collina Chi  | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the det eck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line   |
| Name Number  Number                       | D (Official Form 106D), E/F, or Schedule G to file : Your codebtor         | Schedule E/F (Official Formal out Column 2.             | m 106E/F), or Schedul ZIP Code                     | Collination Collin | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the debeck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line                                    |
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| Name Number City Name Number City Name    | D (Official Form 106D), E/F, or Schedule G to file : Your codebtor  Street | Schedule E/F (Official Formal out Column 2.             | m 106E/F), or Schedul ZIP Code                     | Collina Collin | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb eck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule G, line Schedule G, line Schedule B/F, line Schedule D, line |
| Name Number City Name Number City         | D (Official Form 106D), E/F, or Schedule G to file : Your codebtor         | Schedule E/F (Official Formal out Column 2.             | m 106E/F), or Schedul ZIP Code                     | Collina Collin | ial Form 106G). Use Schedule D,  umn 2: The creditor to whom you owe the deb eck all schedules that apply:  Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule D, line Schedule D, line                |

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| Fill in this i                 | nformation to identify  | yyour case:  |  |                                   |  |  |
|--------------------------------|---|--|--|-----------------------------------|--|--|
| Debtor 1                       | DONZELL   | WINF   |  |                                   |  |  |
| Debtor 2                       | First Name  | Middle Name  | Last Name                                  |                                   |  |  |
| (Spouse, if filing             |   | Middle Name  | Last Name                                  |                                   |  |  |
| Case number                    |   | Northern District of Illino  | IS   |                                   |  |  |
| (If known)                     |   |  | <del></del>                                |                                   | Check if   | this is:<br>mended filing  |
|                                |   | ***************************************  |  |                                   | 🗖 A sup  | pplement showing postpetition chapter 13   |
| Official Fo                    | orm 106I  |  |  |                                   |  | ne as of the following date:   |
|                                |   | r Income   |  |                                   | MM /   | DD / YYYY 12/15  |
| If you are sen                 | rrect information, if y<br>parated and your spoi                | ou are married and not<br>use is not filing with yo<br>∍ top of any additional p | tiling jointly, and<br>u. do not include i | your spouse is<br>information abo | living with  | tor 2), both are equally responsible for you, include information about your spouse ouse. If more space is needed, attach a known). Answer every question.   |
| Fill in you information        | r employment<br>on.   |  | Debtor 1                                   |                                   |  | Debtor 2 or non-filing spouse  |
| attach a se<br>information     | e more than one job,<br>eparate page with<br>n about additional | Employment status  | <b>✓</b> Employed                          |                                   | Modest Insolventi erronnoment et designes, annuari | ☐ Employed   |
| employers<br>Include pa        | rt-time, seasonal, or   |  | ☐ Not emplo                                | oyed                              |  | ☐ Not employed   |
| self-emplo                     | yed work.   | Occupation   | PACKER                                     |                                   |  |  |
|                                | n may include student<br>aker, if it applies.                   | ·  |  |                                   |  | And the second s |
|                                |   | Employer's name  | TEMP STA                                   | FFING                             |  |  |
|                                |   | Employer's address   | 581 TERRI<br>Number Stree                  |                                   | ••••••   | Number Street  |
|                                |   |  | BOILNGBR                                   | OO IL State ZIP 0                 | 60440  | City State ZIP Code  |
|                                |   | How long employed th   | •  |                                   |  | 2  |
| Part 2:                        | Sive Details About  | Monthly Income   |  |                                   |  |  |
| spouse unle                    | ess you are separated.  |  |  |                                   |  | rite \$0 in the space. Include your non-filing   |
| If you or you<br>below. If you | ar non-filing spouse ha<br>u need more space, att               | ve more than one employ<br>tach a separate sheet to t                            | er, combine the int<br>his form.           | formation for all                 | employers fo                                       | or that person on the lines  |
|                                |   |  |  | For I                             | Debtor 1   | For Debtor 2 or non-filing spouse  |
|                                |   | ry, and commissions (be calculate what the month)                                |  | 2. <u>\$1,</u>                    | 863.00   | \$   |
| 3. Estimate a                  | nd list monthly overt   | ime pay.   |  | 3. <b>+</b> \$                    | <del></del>  | + \$   |
| 4. Calculate                   | gross income. Add lin   | e 2 + line 3.  |  | 4. \[ \\$ 1,                      | 863.00   | \$   |

Case 17-05840 Doc 1 Filed 02/28/17 Entered 02/28/17 14:13:57 Desc Main Document Page 30 of 48 DONZELL WINFIELD Debtor 1 Case number (if known)\_ First Name Middle Name

|   |                           | For Debtor 1   | For Debtor 2 or non-filing spouse |                        |
|---|---------------------------|--|-----------------------------------|------------------------|
| Copy line 4 here  | → 4.                      | \$   | \$                                |                        |
| 5. List all payroll deductions:   |                           |  |                                   |                        |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                       | \$ 217.00  | \$                                |                        |
| 5b. Mandatory contributions for retirement plans  | 5b.                       | \$   | \$<br>\$                          |                        |
| 5c. Voluntary contributions for retirement plans  | 5c.                       | \$   | \$                                |                        |
| 5d. Required repayments of retirement fund loans  | 5d.                       | \$   | \$                                |                        |
| 5e. Insurance   | 5e.                       | s 100.00   | \$                                |                        |
| 5f. Domestic support obligations  | 5f.                       | \$   | \$                                |                        |
| 5g. Union dues  | 5g.                       | \$   | \$                                |                        |
| 5h. Other deductions. Specify:  | ·                         | +\$  | + \$                              |                        |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5  |                           | \$   | \$                                |                        |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                        | \$ <u>1,546.00</u>   | \$                                |                        |
| 8. List all other income regularly received:  |                           |  |                                   |                        |
| 8a. Net income from rental property and from operating a business, profession, or farm  |                           |  |                                   |                        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.                       | \$   | \$                                |                        |
| 8b. Interest and dividends  | 8b.                       | \$   | \$                                |                        |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive  | dent                      | ***************************************  |                                   |                        |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.                       | \$   | \$                                |                        |
| 8d. Unemployment compensation   | 8d.                       | \$   | \$                                |                        |
| 8e. Social Security   | 8e.                       | \$   | \$                                |                        |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assists<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies. | ance                      |  |                                   |                        |
| Specify:  | " 8f.                     | \$   | \$                                |                        |
| 8g. Pension or retirement income  | 8g.                       | \$   | \$                                |                        |
| 8h. Other monthly income. Specify:  | 8h. +                     | ۲\$  | +\$                               |                        |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.                        | \$   | \$                                |                        |
| Calculate monthly income. Add line 7 + line 9.     Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.                       | \$+  | \$=                               | \$1,546.00             |
| 1. State all other regular contributions to the expenses that you list in School  |                           |  |                                   |                        |
| Include contributions from an unmarried partner, members of your household, friends or relatives.   |                           |  |                                   |                        |
| Do not include any amounts already included in lines 2-10 or amounts that are   | e not ava                 | ilable to pay expenses   | listed in Schedule J.             |                        |
| Specify:  |                           |  | 11. +                             | \$                     |
| <ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The<br/>Write that amount on the Summary of Your Assets and Liabilities and Certain</li> </ol>  | e result is<br>Statistica | the combined monthled the combined the combined in the combine | y income.<br>ies 12.              | \$1,546.00<br>Combined |
| 13. Do you expect an increase or decrease within the year after you file this  ☑ No.  | form?                     |  |                                   | monthly income         |
| Yes. Explain:   |                           |  |                                   |                        |

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| Fill in this information to identif  | y your case:   |  |  |   |
|--|--|--|--|---|
| Debtor 1 DONZELL First Name  | WINFIELD   | Check if this  | p.   |   |
| Debtor 2   | Middle Name Last Name  |  |  |   |
| (Spouse, if filing) First Name   | Middle Name Last Name  | An amend   |  | tpetition chapter 13  |
| United States Bankruptcy Court for the   | : Northern District of Illinois  | expenses   | as of the followin   | g date:   |
| Case number<br>(if known)  |  | MM / DD /  | YYYY   |   |
| Official Form 106J   |  |  |  |   |
| Schedule J: Yo   | -<br>our Expenses  |  |  | 12/15   |
| Be as complete and accurate as p<br>information. If more space is need<br>(if known). Answer every question  | possible. If two married people are fill<br>ded, attach another sheet to this form<br>n.   | ing together, both are equally resp<br>a. On the top of any additional pag   | onsible for supply<br>es, write your nam   | ring correct  |
| Part 1 Describe Your Ho  | usehold  |  |  |   |
| 1. Is this a joint case?  No. Go to fine 2.  |  |  |  |   |
| Yes. Does Debtor 2 live in a   | separate household?  |  |  |   |
| ☑ No<br>☐ Yes. Debtor 2 must fi  | le Official Form 106J-2, Expenses for S  | Separate Household of Debtor 2.  |  |   |
| 2. Do you have dependents?   | W No   | a sangan kangan kangan ang kalabah in banganaka kangan kangan kangan kangan kangan kangan kangan kangan kangan   | t trans to the termination of different specific after a firm of a reservoir of the content of the | efrifers, als normal disconnected annotes a second annotes annotes annotes annotes annotes annotes annotes anno       |
| Do not list Debtor 1 and Debtor 2.   | Yes. Fill out this information for each dependent  | Dependent's relationship to<br>Debtor 1 or Debtor 2  | Dependent's age  | Does dependent live with you?   |
| Do not state the dependents' names.  |  | - and the second |  | ☐ No<br>☐ Yes   |
|  |  |  |  | □ No  |
|  |  |  |  | ☐ Yes<br>☐ No   |
|  |  |  |  | Yes   |
|  |  |  |  | □ No  |
|  |  |  |  | ☐ Yes   |
|  |  | ***************************************  |  | □ No  |
| Do your expenses include expenses of people other than yourself and your dependents?   | ☑ No ☐ Yes   |  |  | Yes   |
| A STATE OF THE STA | and the second of the second s | a see ega mara e ega a a a angan nga a ana maga ngaga ma sangana anahay a era a a a a a a a a a a a a a a a a a  | tanna ar sangt ar san an a  | :<br>The old company to company to the date with a tree of the participate, the constitute with the walk construction |
|  | ng Monthly Expenses  |  |  |   |
| Estimate your expenses as of your<br>expenses as of a date after the ban<br>applicable date.   | bankruptcy filing date unless you ar<br>kruptcy is filed. If this is a suppleme  | re using this form as a supplement<br>ntal <i>Schedule J</i> , check the box at  | t in a Chapter 13 cather top of the form   | ase to report<br>and fill in the  |
|  | n-cash government assistance if you  |  | affinantasa  | \$16555555555555555555555555555555555555  |
|  | I it on Schedule I: Your Income (Offic   | ·  | Your expen   | ISOS  |
| <ol> <li>The rental or home ownership e<br/>any rent for the ground or lot.</li> </ol>   | expenses for your residence. Include to  | first mortgage payments and  | \$   |   |
| If not included in line 4:   |  |  |  | :   |
| 4a. Real estate taxes  |  | 4  | a. \$  |   |
| 4b. Property, homeowner's, or re   |  | 4  |  |   |
| 4c. Home maintenance, repair, a  | • •  | 4  | c. \$  |   |
| 4d. Homeowner's association or   | condominium dues   | 4  | d. \$  |   |

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 Debtor 1
 DONZELL | WINFIELD | Case number (if known) | ...

 First Name | Middle Name | Last Name | ...
 Last Name | ...

|      |  |      | Your expenses |
|------|--|------|---------------|
| 5    | . Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$            |
| 6    | . Utilities:   |      |               |
|      | 6a. Electricity, heat, natural gas   | 6a.  | \$145.00      |
|      | 6b. Water, sewer, garbage collection   | 6b.  | \$            |
|      | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$ 160.00     |
|      | 6d. Other. Specify:  | 6d,  | \$            |
| 7.   |  | 7,   | \$            |
| 8.   | Childcare and children's education costs   | 8.   | \$            |
| 9.   | Clothing, laundry, and dry cleaning  | 9.   | \$            |
| 10.  | Personal care products and services  | 10.  | \$            |
| 11.  | Medical and dental expenses  | 11.  | \$            |
| 12.  | 1  |      |               |
|      | Do not include car payments.   | 12.  | \$            |
| 13.  | , was a series of the series o | 13.  | \$            |
| 14.  | Charitable contributions and religious donations   | 14.  | \$            |
| 15.  | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |               |
|      | 15a. Life insurance  | 15a. | \$50.00       |
|      | 15b. Health insurance  | 15b. | \$            |
|      | 15c. Vehicle insurance   | 15c. | \$ 120.00     |
|      | 15d. Other insurance. Specify:   | 15d. | \$            |
| 16.  | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:   | 16.  | \$            |
| -17. | Installment or lease payments:   |      |               |
|      | 17a. Car payments for Vehicle 1  | 17a, | \$            |
|      | 17b. Car payments for Vehicle 2  | 17b. | \$            |
|      | 17c. Other. Specify:   | 17c, | \$            |
|      | 17d. Other. Specify:   | 17d. | \$            |
| 18.  | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18,  | \$            |
| 19.  | Other payments you make to support others who do not live with you.  |      |               |
|      | Specify:   | 19.  | \$            |
| 20.  | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incor  | ne.  |               |
|      | 20a. Mortgages on other property   | 20a. | \$            |
|      | 20b. Real estate taxes   | 20b. | \$            |
|      | 20c. Property, homeowner's, or renter's insurance  | 20c. | \$            |
|      | 20d. Maintenance, repair, and upkeep expenses  | 20d, | \$            |
|      | 20e. Homeowner's association or condominium dues   | 20e. | \$            |

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| Debto         | эг 1             | DONZELL<br>First Name  | Middle Name                            | WINFIELD<br>Last Name  | Case number (#k  | nown)   |                                      |  |
|---------------|------------------|--|--|--|--|---|--------------------------------------|--|
| 21. 0         | Other, S         | Specify:   | ************************************** |  | <del>-</del>   | 21.   | +\$                                  |  |
| 22. <b>C</b>  | alculat          | te your mont   | hly expenses.                          |  |  |   |                                      | t trons that the common and authorized excellence, terrorized accusance apply a place to party or yet and the  |
| 2:            | 2a. Add          | d lines 4 throu  | gh 21.                                 |  |  | 22a.  | \$                                   | 1,546.00   |
| 2             | 2b. Cop          | by line 22 (mo   | nthly expenses                         | for Debtor 2), if any, from Official Form  | 106J-2   | 22b.  | \$                                   |  |
| 2:            | 2c. Add          | l line 22a and   | 22b. The result                        | t is your monthly expenses.  |  | 22c.  | \$                                   | 1,546.00   |
| 23. <b>Ca</b> | lculate          | your month   | ly net income.                         |  |  |   |                                      |  |
| 23a           | a. Cop           | py line 12 (yo   | ur combined mo                         | onthly income) from Schedule I.  |  | 23a.  | \$                                   | 1,546.00   |
| 23b           | . Cop            | py your month  | ly expenses fro                        | om line 22c above.   |  | 23b.  | -\$                                  | 1,680.00   |
| 230           |                  |  | nthly expenses<br>monthly net in       | from your monthly income. come.  |  | 23c.  | \$                                   | -134.00  |
| For<br>mo     | rexamp<br>rtgage | ple, do you ex   | pect to finish pa                      | ase in your expenses within the year a<br>aying for your car loan within the year or<br>ease because of a modification to the te | do you expect your   |   |                                      |  |
|               | No.<br>Yes.      | Explain her  |  | at a visika and dipikkonostonomo isaakisiin turipidekanaan kun saksaanap oo oyo ka ku aabaasa koo.                               | the common the state of the trade of the state of the sta | of househouse, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | in sandangan memerina sanda sakunana |  |
|               |                  |  |  |  |  |   |                                      | -  |
|               |                  | The state of the s |  |  |  |   |                                      | TO PERSONAL PROPERTY OF THE PR |

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| ll in this in                                 | formation to identi  | fy your case:   |  |  |  |                                    |
|---|--|---|--|--|--|------------------------------------|
| ebtor 1                                       | DONZELL  |   | VINFIELD   |  |  |                                    |
| tor 2   | First Name   | Middle Name   | Last Name  |  |  |                                    |
| se, if filing)                                |  | Middle Name   | Last Name  |  |  |                                    |
| d States I                                    | Bankruptcy Court for th  | e: Northern District of   | f Illinois   |  |  |                                    |
| own)  | ***************************************  |   | <del></del>  |  |  | Object Marie                       |
|   |  |   |  | \$<br>   | <b>-</b>   | Check if this i<br>amended filin   |
|   |  |   |  |  |  |                                    |
| fficia  | Form 106   | Dec   |  |  |  |                                    |
| ecl   | aration A  | About an  | Individual   | Debtor's S   | chadulas   | 12/1                               |
|   |  |   |  |  |  | 1471                               |
|   |  |   |  |  |  |                                    |
| u must f<br>taining r                         | ile this form whene<br>noney or property   | ever you file bankrup   | otcy schedules or ame<br>on with a bankruptcy c            | r supplying correct inform<br>nded schedules. Making a<br>ase can result in fines up | nation.<br>false statement, concealin<br>to \$250,000, or imprisonm  | g property, or<br>ent for up to 20 |
| taining rars, or b                            | ile this form whence noney or property oth. 18 U.S.C. §§ 18  Sign Below  pay or agree to pa                  | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amei<br>on with a bankruptcy c<br>9571.  | nded schedules. Making a   | false statement, concealin<br>to \$250,000, or imprisonm   | g property, or<br>ent for up to 20 |
| u must f<br>taining r<br>ars, or b<br>Did you | ile this form whence<br>noney or property<br>oth. 18 U.S.C. §§ 18  | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amei<br>on with a bankruptcy c<br>9571.  | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| u must f<br>taining r<br>ars, or b<br>Did you | ile this form whence noney or property oth. 18 U.S.C. §§ 18  Sign Below  pay or agree to pa                  | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amei<br>on with a bankruptcy c<br>9571.  | nded schedules. Making a<br>ase can result in fines up                               | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| taining rars, or b                            | ile this form whence noney or property oth. 18 U.S.C. §§ 18  Sign Below  pay or agree to pa                  | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amei<br>on with a bankruptcy c<br>9571.  | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| taining rars, or b                            | ile this form whence noney or property oth. 18 U.S.C. §§ 18  Sign Below  pay or agree to pa                  | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amei<br>on with a bankruptcy c<br>9571.  | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| Did you                                       | ille this form whene<br>noney or property<br>oth. 18 U.S.C. §§ 18<br>Sign Below  pay or agree to pa          | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3                        | otcy schedules or amer<br>on with a bankruptcy of<br>8571. | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| Did you No Yes.                               | ille this form whene<br>noney or property<br>oth. 18 U.S.C. §§ 18<br>Sign Below  pay or agree to pa          | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3<br>sy someone who is N | otcy schedules or amer<br>on with a bankruptcy of<br>8571. | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |
| Did you  No Yes.                              | ille this form whence noney or property oth. 18 U.S.C. §§ 18  Sign Below  pay or agree to pa  Name of person | ever you file bankrup<br>by fraud in connecti<br>52, 1341, 1519, and 3<br>sy someone who is N | otcy schedules or amer<br>on with a bankruptcy of<br>8571. | o you fill out bankruptcy fo   | false statement, concealing to \$250,000, or imprisonment of the statement | ent for up to 20                   |

Signature of Debtor 2

Date MM / DD / YYYY

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| Debtor 1                 | DONZELL   |                            | WINFIELD  |   |  |  |
|--------------------------|---|----------------------------|---|---|--|--|
| Debtor 2                 | First Name  | Middle Name                | Last Name   |   |  |  |
|                          | filing) First Name  | Middle Name                | Last Name   | A THE STREET OF STREET OF STREET  |  |  |
| Jnited Sta               | ates Bankruptcy Court   | for the: Northern District | of Illinois   |   |  |  |
| Case num                 | ber   |                            | · ··  |   |  | Check if this is an                                    |
| , it Kilowily            |   |                            |   |   |  | Check if this is an amended filing                     |
|                          |   |                            |   |   |  |  |
| fficia                   | l Form 107  | *****                      |   |   |  |  |
| tate                     | ment of F   | inancial Affa              | irs for Inc   | lividuals Filing  | for Bankrupt   | t <b>cy</b> 04/1                                       |
| formatio                 | n. If more space i<br>known). Answer e  | s needed, attach a sepa    | arate sheet to this   | filing together, both are equal form. On the top of any addenoised to the top of the top | daily responsible for sup<br>idditional pages, write you | ur name and case                                       |
| What i                   | is your current ma  | rital status?              |   |   |  |  |
| AAIIGE                   | is your current ma  |                            |   |   |  |  |
|                          | -   | illui status:              |   |   |  |  |
| ☐ Ma                     | arried  | indi status;               |   |   |  |  |
|                          | -   | intui status;              |   |   |  |  |
| 2 No                     | arried<br>ot married  |                            | re other than whe   | re vou live now?  |  |  |
| <b>Ø</b> No              | arried of married of the last 3 years, I  | have you lived anywhe      | re other than whe   | re you live now?  |  |  |
| During                   | arried of married g the last 3 years, i   |                            |   | •   |  |  |
| During  No  Ye           | arried of married g the last 3 years, i   | have you lived anywhe      | 3 years. Do not inc   | lude where you live now.  |  | Dates Debtor 2   |
| During  M No  During  Ye | arried of married of the last 3 years, less. List all of the places.                      | have you lived anywhe      | 3 years. Do not inc   | lude where you live now.  |  | lived there  |
| During No During         | arried of married of the last 3 years, less. List all of the places.                      | have you lived anywhe      | 3 years. Do not inc<br>Dates Debtor<br>lived there          | lude where you live now.  |  |  |
| During  No  Porting      | arried of married of the last 3 years, less. List all of the places.                      | have you lived anywhe      | 3 years. Do not inc Dates Debtor lived there From           | lude where you live now.  |  | lived there  Same as Debtor 1  From                    |
| During  No  Porting      | arried of married g the last 3 years, l o es. List all of the place                       | have you lived anywhe      | 3 years. Do not inc<br>Dates Debtor<br>lived there          | lude where you live now. r.1. Debtor 2:  Same as Debtor 1   |  | lived there  |
| During No                | arried of married g the last 3 years, l o es. List all of the place                       | have you lived anywhe      | 3 years. Do not inc Dates Debtor lived there From           | lude where you live now. r.1. Debtor 2:  Same as Debtor 1   | State ZIP Code   | lived there  Same as Debtor 1  From                    |
| During No                | arried of married g the last 3 years, loos. List all of the place. Debtor 1:              | have you lived anywher     | 3 years. Do not inc Dates Debtor lived there From           | lude where you live now. r 1 Debtor 2:  Same as Debtor 1  Number Street   | State ZIP Code   | Ilved there  Same as Debtor 1  From  To                |
| During No                | arried of married g the last 3 years, loos. List all of the place. Debtor 1:              | have you lived anywher     | 3 years. Do not inc Dates Debtor lived there From           | Iude where you live now. r 1 Debtor 2:  Same as Debtor 1  Number Street   | State ZIP Code   | lived there  Same as Debtor 1  From                    |
| During No Pe             | arried of married g the last 3 years, loss. List all of the plan Debtor 1:  Number Street | have you lived anywher     | 3 years. Do not inc Dates Debtor lived there From           | lude where you live now.  r 1 Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  | State ZIP Code   | Ilved there  Same as Debtor 1  From  To                |
| During No Porting        | arried of married g the last 3 years, loos. List all of the place. Debtor 1:              | have you lived anywher     | 3 years. Do not inc  Dates Debtor lived there  From To      | lude where you live now. r 1 Debtor 2:  Same as Debtor 1  Number Street   | State ZIP Code   | Same as Debtor 1 From To  Same as Debtor 1             |
| During No Porting        | arried of married g the last 3 years, loss. List all of the plan Debtor 1:  Number Street | have you lived anywher     | 3 years. Do not inc Dates Debtor lived there  From To  From | lude where you live now.  r 1 Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  | State ZIP Code   | Same as Debtor 1  From To  Same as Debtor 1  From From |

Part 2: Explain the Sources of Your Income

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| ebtor 1       | DONZELL First Name Middle Name Last   | WINFIELD  | Case nu  | umber (if known)   |  |
|---------------|---|---|--|--|--|
|               | FIIST NAME MIQUE NAME LAST  | Name  |  |  |  |
| Fill<br>If yo | you have any income from employment in the total amount of income you receive ou are filing a joint case and you have income. | d from all jobs and all busi                                | nesses, including part-ti  | ime activities.  | ndar years?  |
| <b>A</b>      | No<br>Yes. Fill in the details.   |   |  |  |  |
|               |   | Debtor 1  |  | Debtor 2   |  |
|               |   | Sources of income<br>Check all that apply                   | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                                       | Gross income<br>(before deductions and<br>exclusions)            |
|               | From January 1 of current year until the date you filed for bankruptcy:   | Wages, commissions, bonuses, tips  Operating a business     | \$4,052.00   | <ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul> | \$   |
| ٠             | For last calendar year: (January 1 to December 31,2015  | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business | \$ <u>16,118.00</u>  | ☐ Wages, commissions, bonuses, tips☐ Operating a business                        | \$   |
|               | For the calendar year before that: (January 1 to December 31, 2014  | ✓ Wages, commissions, bonuses, tips  Operating a business   | \$ 6,325.00  | Wages, commissions, bonuses, tips Operating a business                           | \$   |
| <b>A</b>      | each source and the gross income from e<br>No<br>(es. Fill in the details.  | ach source separately. Do                                   | not include income that  | t you listed in line 4.  |  |
|               |   | Debtor 1  |  | Debtor 2   |  |
|               |   | Sources of Income<br>Describe below.                        | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions) |
|               | From January 1 of current year until the date you filed for bankruptcy:   |   | \$<br>\$<br>\$   |  | \$<br>\$<br>\$   |
| *****         | For last calendar year:   |   | <u> </u>   |  | \$   |
|               | (January 1 to December 31, 2015)  |   | <b>5</b>   |  | \$<br>\$   |
|               | For the calendar year before that:  |   |  |  | \$   |
|               |   |   |  |  |  |
|               | (January 1 to December 31, 2014 )   | \$  | _  |  | <b>5</b>   |

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| ebtor 1       | DONZELL First Name Middle Name   | WINI<br>Last Name       | FIELD                      | Case nur   | nber (if known)                          | MANAGEMENT AND  |
|---------------|--|-------------------------|----------------------------|--|--|---|
|               |  |                         |                            |  |  |   |
| Part 3:       | List Certain Paymen  | its You Made Bef        | ore You Filed for          | Bankruptcy   |  |   |
| A 14          | han Dahidan dia sa Bada  | <b>A</b> : <b>1 .</b>   |                            |  |  |   |
|               | her Debtor 1's or Debtor   | _                       |                            |  |  |   |
| L <b>i</b> No | "incurred by an individua  | al primarily for a pers | ional, family, or hous     | ehold purpose."  | defined in 11 U.S.C. § 101(              | 8) as   |
|               | During the 90 days befo  | re you filed for bank   | ruptcy, đid you pay a      | ny creditor a total of \$6   | 5,425* or more?                          |   |
|               | ☑ No. Go to line 7.  |                         |                            |  |  |   |
|               | Yes. List below each total amount you child support as   | ou paid that creditor.  | Do not include paym        | 125* or more in one or<br>ents for domestic supp<br>s to an attorney for this                                  | ort obligations, such as                 |   |
|               |  |                         |                            |  | r the date of adjustment.                |   |
| <b>Σ</b> Yes  | s. Debtor 1 or Debtor 2 o  | r both have primari     | lv consumer debts.         |  |  |   |
|               | During the 90 days befo  |                         |                            |  | 00 or more?                              |   |
|               | No. Go to line 7.  |                         |                            |  |  |   |
|               | Yes. List below each creditor. Do not alimony. Also, o   | t include payments fo   | or domestic support of     | O or more and the total obligations, such as chirthis bankruptcy case.   | d support and                            |   |
|               |  |                         | akura kadanya rangung gara | a description to the control of the | Section was before the testing agreement | gy fyrainithe nathaith an lleanna an air air aig    |
|               |  |                         | Dates of T<br>payment      | otal amount paid   | Amount you still owe                     | Was this payment for                                |
|               | Creditor's Name  |                         | \$                         |  | \$                                       | ☐ Mortgage  |
|               |  |                         |                            |  |  | ☐ Car   |
|               | Number Street  |                         |                            |  |  | Credit card   |
|               |  |                         |                            |  |  | Loan repayment                                      |
|               |  |                         |                            |  |  | Suppliers or vendors                                |
|               | City §   | State ZiP Code          |                            |  |  | Other   |
|               | to a complete service of the service |                         |                            | ***************************************  |  |   |
|               | Creditor's Name  |                         | \$                         |  | \$                                       | ☐ Mortgage  |
|               | 0.000,000  |                         |                            |  |  | ☐ Car   |
|               | Number Street  |                         |                            |  |  | Credit card   |
|               |  |                         |                            |  |  | Loan repayment                                      |
|               |  |                         |                            |  |  |   |
|               |  |                         |                            |  |  | ☐ Suppliers or vendors                              |
|               | City S   | State ZIP Code          |                            |  |  |   |
|               | City s   | state ZIP Code          |                            |  |  | Suppliers or vendors Other                          |
|               |  | State ZIP Code          | \$                         |  | 5  | Suppliers or vendors Other                          |
|               | City S Creditor's Name   | Slate ZIP Code          |                            |  |  | Suppliers or vendors Other                          |
|               |  | State ZIP Code          | \$                         |  |  | Suppliers or vendors Other  Mortgage                |
|               | Creditor's Name  | State ZIP Code          | \$                         |  |  | Suppliers or vendors Other Mortgage Car             |
|               | Creditor's Name  | State ZIP Code          | \$                         |  |  | Suppliers or vendors Other Mortgage Car Credit card |

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| -Vermonerous seem                               | First Name Middle Name                                 |   | IELD                                   |                         | Case number (if known                       | n)   |
|---|--|---|--|-------------------------|---|--|
| ».Kemmennesses                                  |  | Last Name   |  | <del></del>             |   | / Antonio  |
| nsiders<br>corpora<br>igent, i<br>cuch as<br>No | ations of which you are ar                             | any general partners;<br>n officer, director, pers<br>ess you operate as a<br>ny. | relatives of a<br>son in contro        | iny general partners; p | partnerships of whi<br>more of their voting | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,  |
| - 100   | s. List all payments to an                             | moider.   | Dates of paymen                        |                         | Amount you still owe                        | Reason for this payment  |
| Īns   | sider's Name   |   | * W*********************************** | \$                      | \$  |  |
| Nu  | umber Street   |   | Herbert                                | •                       |   | The same of the sa |
| City  | у  | State ZIP Code  | ************************************** | -                       |   | The Committee of the Co |
| Insi  | ider's Name  |   |  | \$                      | \$  |  |
| _   | mber Street  |   |  |                         |   |  |
| City  |  | State ZIP Code  | <del></del>                            | _                       |   |  |
| thin 1  | year before you filed fo                               | or bankruptcy, did ye   | ou make any                            | payments or transf      | er any property o                           | n account of a debt that benefited   |
| lude p<br>No                                    | ier? payments on debts guara List all payments that be |   | y tektury ke                           | ngganga palaman         | i Grandelle i sange                         | Erressi rekspaning gapakang  |
| lude p<br>No                                    | payments on debts guara                                |   | an insider.  Dates of payment          | Total amount<br>paid    | Amount you still owe                        | Reason for this payment Include creditor's name  |
| No<br>Yes.                                      | payments on debts guara                                |   | Dates of                               |                         |   | 그리는 그리다 그는 그 생각 생기 가장 생각 한번 발표를 받는 것이다.  |
| No<br>Yes.                                      | payments on debts guara                                |   | Dates of                               |                         | owe   | 그리는 그리다 그는 그 생각 생기 가장 생각 한번 발표를 받는 것이다.  |
| No<br>Yes.                                      | payments on debts guara  List all payments that be     | nefited an insider.   | Dates of                               |                         | owe   | 그리는 사람이 하는 사람들이 아래를 하고 있었다. 그런 그는 그는 것이다.  |
| No Yes.   | payments on debts guara  List all payments that be     | nefited an insider.   | Dates of                               |                         | owe   | 그리는 사람이 하는 사람들이 아래를 하고 있었다. 그런 그는 그는 것이다.  |

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| Debtor 1            | DONZELL  |   | VFIELD                       | Case numb  | er (it known)  |  |
|---------------------|--|---|------------------------------|--|--|--|
|                     | First Name Middle Name                               | Last Name                               |                              |  |  |  |
| erija over vejas in |  |   |                              |  |  |  |
| Part 4              |  |   |                              |  |  |  |
| 9. Witi             | hin 1 year before you filed for                      | bankruptcy, we                          | ere you a party in an        | y lawsuit, court action, o   | or administrative proce  | eding?   |
| and                 | all such matters, including personatract disputes.   | onai injury cases                       | s, small claims actions      | s, divorces, collection suit   | s, paternity actions, supr   | ort or custody modifications,  |
| Ø                   |  |   |                              |  | ·  |  |
|                     | Yes. Fill in the details.                            |   |                              |  |  |  |
|                     |  |   | re of the case               | Court or agenc   |  | Status of the case   |
|                     |  | 1 |                              | ATTENDED AND AND AND ADDRESS OF THE PERSON ADDRESS O | Mariana da maria da da maria da Maria Maria da M<br>Maria da Maria da Ma  | ANAL COLUMN OF THE CASE  |
|                     | Case title   |   |                              | Court Name   |  | — Pending  |
|                     |  |   |                              | Contraina  |  | On appeal  |
|                     | W. C.            |   |                              | Number Street  |  | Concluded  |
|                     | Case number  |   |                              |  |  |  |
|                     |  |   |                              | City   | State ZIP Code   | <del></del>  |
| **                  | <u> </u>   |   |                              |  | at a constitution of the first of the personal and the second of the constitution of the second of t | Management of the second of th |
|                     | Case title   |   |                              | Court Name   | ***************************************  | — Pending  |
|                     |  | !                                       |                              |  |  | On appeal  |
|                     |  | <del></del>                             |                              | Number Street  |  | Concluded  |
|                     | Case number  | :                                       |                              |  |  |  |
|                     |  |   |                              | City   | State ZIP Code   | _  |
| <b>L.J</b> Y        | es. Fill in the information below                    | •                                       | Describe the prop            | erty   | Date   | Value of the property  |
|                     |  |   |                              | A SAN TO THE PROPERTY OF THE SAN THE S | en e   | A STANDARD STANDARD  |
|                     | Creditor's Name                                      | ····                                    | Number :                     |  |  | \$   |
|                     | Creditor's Name                                      |   |                              |  |  |  |
|                     | Number Street  |   | Explain what hap             | pened  | VENEZE E   |  |
|                     |  |   |                              |  |  |  |
|                     |  |   | Property wa                  | s repossessed.<br>s foreclosed   |  |  |
|                     |  |   | Property wa                  |  |  |  |
|                     | City Sta   | te ZIP Code                             |                              | s attached, seized, or levi  | ed.  |  |
|                     |  |   | Describe the prop            | erty   | Date   | Value of the property  |
|                     |  |   | Albanian Anthonyana Min Ne   | A DESCRIPTION OF THE PROPERTY  |  |  |
|                     |  |   |                              |  |  | \$   |
|                     | Creditor's Name                                      |   | _                            |  |  | T  |
|                     |  |   |                              |  | To a series  |  |
|                     | Number Street  |   | –<br>Explain what happ       | ened   |  |  |
|                     |  |   |                              | A Charles A Char | The second section of the sect |  |
|                     | *  |   | Property was<br>Property was | repossessed.   |  |  |
|                     |  |   | Property was                 |  |  |  |
|                     | City Stat  | e ZIP Code                              |                              | attached, seized, or levie   | ed.  |  |
|                     | ete time time en |   |                              | to the transference of the second property of |  |  |

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| ithin 90 days before you filed for bank   | ruptcy, did any creditor, inclu               | iding a bank or financial institution, set off any amounts from yo   |
|---|---|--|
| counts or refuse to make a payment b  | ecause you owed a debt?                       |  |
|   |   |  |
| Yes. Fill in the details.   | tite tallen i alle entite i ili. Il encolorea |  |
|   | Describe the action the cre                   |  |
| Out the second  |   | was taken  |
| Creditor's Name   |   |  |
|   |   | s  |
| Number Street   |   |  |
|   |   |  |
|   |   | The state of the s |
| City State ZIP Code   | Last 4 digits of account nu                   | mber: XXXX–  |
|   |   |  |
| thin 1 year before you filed for hankeu   | ntov, was any of vour proport                 | y in the possession of an assignee for the benefit of  |
| editors, a court-appointed receiver, a c  | sustodian, or another official?               | o  |
| No  | ,   |  |
| Yes   |   |  |
|   |   |  |
| List Certain Gifts and Contrib  | untions                                       |  |
| No Yes. Fill in the details for each gift.  | and the second second second                  |  |
|   | Describe the gifts                            | Dates you gave Value<br>the gifts  |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts                            |  |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts                            |  |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts                            |  |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift   | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift   | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code   | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code   | Describe the gifts                            | \$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you   |   | \$\$\$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  | Describe the gifts  Describe the gifts        | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  |   | \$\$\$   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Lates you gave Value   |

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| 1 DUNZELL First Name Middle Name  | WINFIELD<br>Last Name  | Case number (if known)_  |  |   |
|---|--|--|--|---|
|   |  |  |  |   |
|   |  |  |  |   |
| Vithin 2 years before you filed for bank<br>⊶                                   | ruptcy, did you give any gifts or  | r contributions with a total value   | ue of more than \$6  | 600 to any charity?   |
| No  |  |  |  |   |
| Yes. Fill in the details for each gift or c                                     | ontribution.   |  |  |   |
| Gifts or contributions to charities   | Describe what you contribute   | d  | Date you   | Value   |
| that total more than \$600  |  |  | contributed  |   |
|   |  |  |  |   |
| Charity's Name  |  |  |  | \$  |
|   |  |  |  |   |
|   | _  |  | ***************************************  | \$  |
|   | ·<br>:   |  |  |   |
| Number Street   |  |  |  |   |
|   |  |  |  |   |
| City State ZIP Code   |  | general and an an an angle of the parameters of the control of the |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
| 6: List Certain Losses  |  |  |  |   |
| Describe the property you lost and how the loss occurred                        | Describe any insurance cover   | age for the loss   | Date of your loss  | Value of property<br>lost   |
|   | Include the amount that insurance claims on line 33 of Schedule A/                                       | ce has paid. List pending insurance<br>B: Property.  |  | IUSI  |
|   | The Court of the section of the Court Section 1  |  |  |   |
|   |  |  | <u> </u>   | \$  |
|   | a sandan san sakka raka giba pagibida dalam maka dasa dasa basar kara fan ann ta san fa half sanfar maka | معاصد والمعارض المعارض والمعارض   | African  |   |
| List Certain Payments or Tra  | insfers  | · · · · · · · · · · · · · · · · · · ·  | the state of the s | and a second of the second of |
|   |  |  |  |   |
| thin 1 year before you filed for bankru<br>u consulted about seeking bankruptcy | ptcy, uiu you or anyone eise ac<br>/ or preparing a bankruptcy pet                                       | ting on your behalf pay or tran<br>ition?  | ster any property  | to anyone   |
| lude any attorneys, bankruptcy petition p                                       |  |  | ur bankruptcy.   |   |
| No  |  |  |  |   |
| Yes. Fill in the details.   |  |  |  |   |
|   | Description and value of any p   |  | Date payment or  | Amount of paymen  |
| Person Who Was Paid   |  |  | transfer was made  |   |
|   |  |  |  |   |
| Number Street   |  |  |  | \$  |
|   |  |  |  |   |
| 7444  |  |  |  | \$  |
| City State ZIP Code   |  |  |  |   |
|   | ;  |  |  |   |
| Email or website address  | į  |  |  |   |
| Person Who Made the Payment if Not You  | a curaci   |  |  |   |

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|  | ast Name  |   |   |                        |
|--|---|---|---|------------------------|
| $\label{thm:property} We distinct our constraint project part of stating and stating are a constant and a stating confined part of stating stating confined part of$ | ngaywan sigin yanik inan mataohinak arabis kratinkindanimanahi risallay in ryommoni   | magninga ayara sa   |   |                        |
|  | Description and value of any property tr  | ansferred   | Date payment or transfer was made       | Amount of payment      |
| Person Who Was Paid  | ·   |   |   | er.                    |
| Number Street  | _ ·<br>:  |   | MANUAL PROPERTY.                        | Φ                      |
| TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | <del>-</del> :  |   | *************************************** | \$                     |
| City State ZIP Code  | -   |   |   |                        |
| Email or website address   |   |   |   |                        |
| Person Who Made the Payment, if Not You  | -   |   |   |                        |
| No<br>Yes. Fill in the details.  | Description and value of any property tra   |   |   | Amount of pay          |
| Person Who Was Paid  |   |   | transfer was<br>made                    |                        |
| Number Street  | _   |   |   | S                      |
| The second secon | <del>-</del>  | !<br>:<br>:   |   | S                      |
| City State ZIP Code  |   | PROVIDENCE TO THE PROPERTY OF |   |                        |
| in 2 years before you filed for bankrui  | ptcv. did vou sell, trade, or otherwise tr  | ansfer any property to  | anyone other than                       | nronestu               |
| sferred in the ordinary course of your   | made as security (such as the granting of   |   |   | _                      |
| isferred in the ordinary course of your<br>ude both outright transfers and transfers a<br>not include gifts and transfers that you ha<br>No  | business or financial affairs? made as security (such as the granting of  |   | rtgage on your prop                     | e <b>rty).</b>         |
| isferred in the ordinary course of your<br>ude both outright transfers and transfers a<br>not include gifts and transfers that you ha<br>No  | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |
| sferred in the ordinary course of your ude both outright transfers and transfers and transfers and include gifts and transfers that you ha No Yes. Fill in the details.  | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |
| isferred in the ordinary course of your ude both outright transfers and transfers in the include gifts and transfers that you hat No Yes. Fill in the details.  Person Who Received Transfer   | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |
| isferred in the ordinary course of your ude both outright transfers and transfers in the include gifts and transfers that you hat No Yes. Fill in the details.  Person Who Received Transfer  Number Street  | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |
| In the ordinary course of your sude both outright transfers and transfers in the include gifts and transfers that you han to you.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you.   | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |
| isferred in the ordinary course of your ude both outright transfers and transfers in the include gifts and transfers that you hat No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you   | r business or financial affairs? made as security (such as the granting of ave already listed on this statement.  Description and value of property | a security interest or mo   | rtgage on your prop                     | erty).<br>Date transfe |

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| tor 1       | DUNZELL First Name Middle Name  | WINFIELD  | Case number (if known)   |   |
|-------------|---|---|--|---|
|             | First Name Middle Name  | Last Name   |  |   |
|             |   |   |  |   |
| Withi       | n 10 years before you filed for   | bankruptcy, did you transfer any prope                                    | erty to a self-settled trust or similar device of  | which you   |
| are a       | beneficiary? (These are often of  | called asset-protection devices.)   |  | •   |
| Z N         |   |   |  |   |
| ☐ Y         | es. Fill in the details.  |   |  |   |
|             |   | Description and value of the pro  |  |   |
|             |   | Secretaria and value of the proj  | erty Dansierred  | Date transfer<br>was made   |
|             |   | !   |  | 11.500.1.5  |
| Na          | ame of trust  |   |  |   |
|             |   |   |  |   |
|             |   |   | The state of the s | TATAL PARTIES   |
| ~~~         | **************************************  |   |  | 110000  |
| rt 8:       | List Certain Financial Ac   | counts, Instruments, Safe Deposi  | t Boxes, and Storage Units   | Control (1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 -  |
|             |   |   |  |   |
|             | d, sold, moved, or transferred:   |   | or instruments held in your name, or for you   | r benefit,  |
|             |   |   | tificates of deposit; shares in banks, credit u  | nione   |
| broke       | erage houses, pension funds, o  | cooperatives, associations, and other f                                   | inancial institutions.   |   |
| ⊠ No        | 0   |   |  |   |
| ☐ Ye        | es. Fill in the details.  |   |  |   |
|             |   | Last 4 digits of account number   | Type of account or Date account was  | Last balance before   |
|             |   |   | instrument closed, sold, moved, or transferred   | closing or transfer   |
| _           |   |   | of dansiened statement   | n in the side of the state of the side of |
| Ñ           | lame of Financial Institution   | XXXX  | ☐ Checking   | ¢   |
| ži.         | lumber Street   |   | ☐ Savings  | ¥   |
| N           | idinbet Street  |   | ☐ Money market   |   |
| -           |   | ***************************************                                   | ☐ Brokerage  |   |
| c           | ity State ZIP C   | ode   | Other  |   |
|             | tid der til den tid tid Aptite tid för i med St. Freddin trakter med S <sub>t.</sub> den met i tree til 1991 i 1991 i 1991. | etti ettiminisimmesimenimeni tiinet eti eti eti eti eti eti eti eti eti e | - Other  | an Turkana da   |
|             |   | XXXX  | ☐ Checking   | •   |
| Ñ           | ame of Financial Institution  |   | ☐ Savings  | Ψ   |
| <del></del> |   | <del></del>   | Money market   |   |
| N           | umber Street  |   |  |   |
| -           |   | <del></del>   | ☐ Brokerage  |   |
| Ci          | ity State ZIP C   | ode   | <b>□</b> Other   |   |
|             | •   |   |  |   |
|             | ity State ZIP Co  |   | Other  |   |
|             | u now have, or did you have wi<br>ties, cash, or other valuables?   |   | otcy, any safe deposit box or other depositor  | y for   |
| Ž No        |   |   |  |   |
| ] Ye        | s. Fill in the details.   |   |  |   |
|             |   | Who else had access to it?  | Describe the contents  | Do you still  |
|             |   |   |  | have it?  |
|             |   |   |  | □ No  |
| Na          | ame of Financial Institution  | Name  |  | Yes   |
|             |   | 14GIFC  |  |   |
| Nu          | umber Street  | Number Street   |  | 1000  |
|             |   |   |  | 4   |
| -           |   | City State ZIP Code   | <del></del>  |   |
| Cit         | ty State ZIP Co   |   |  |   |

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|   | DONZELL   |  | WINFIELD  |  | Case number (if known)   |  |  |
|---|---|--|---|--|--|--|--|
|   | First Name M  | Middle Name  | Last Name   |  | Case Harriber (IF known)_  |  |  |
|   |   |  |   |  |  |  |  |
| 2. Have   | you stored proper   | rty in a storage u   | nit or place other tha  | an your home within  | 1 year before you file   | ed for bankruptev  | ?  |
| OLI N   | 0   |  |   |  |  | ,  |  |
| ☐ Ye  | es. Fill in the detai   | ils.   |   |  |  |  |  |
|   |   |  | Who else has or   | had access to it?  | Describe the co  | ontents  | Do you still   |
|   |   |  | * * * * * * * *   | . 1. 1. 1. 1. 1  | The Total Control  |  | have it?   |
|   |   |  |   |  |  |  | <b>D</b>   |
| •   | Name of Storage Facilit   | у  | Name  |  |  |  | □ No   |
|   |   |  |   |  |  |  | ☐ Yes  |
| Ī   | Number Street   |  | Number Street   | **************************************   |  |  |  |
|   | * *************************************   |  |   |  | -  |  |  |
|   |   |  | City State ZIP Code   | 9  |  |  |  |
|   | City  | State ZIP Code   |   |  |  |  |  |
|   |   |  |   | •  |  |  | · · · · · · · · · · · · · · · · · · ·  |
| Part 9:   | Identify Pro  | perty You Hol  | d or Control for S  | omeone Else  |  |  |  |
| 23. Do ve   |   |  |   |  |  |  |  |
| or ho   | ld in trust for som   | wily property that<br>leone.   | r anumone else OMU  | is r include any prope   | erty you borrowed fro  | om, are storing fo   | r,   |
| ☑ N   |   |  |   |  |  |  |  |
| O Yo  | es. Fill in the detai   | ils.   |   |  |  |  |  |
|   |   |  | Where is the prop   | Land of Mark State   | 44 . 1 <u>44</u>   | nin en melodeko baka   | Seegle California (Seegle California)  |
|   |   |  | where is the prop   | erty?  | Describe the pro   | operty   | Value :  |
|   |   |  |   |  |  |  |  |
| -   |   |  |   |  |  |  | \$   |
| č   | Owner's Name  |  |   |  |  |  | : Y  |
|   |   |  | - Number Street   | ***************************************  |  |  | <u> </u>   |
|   | lumber Street   |  | Number Street   | **************************************   |  |  |  |
| -   |   |  | Number Street   |  |  |  | ·  |
| N<br>   | lumber Street   |  | Number Street  City   | State ZIP Code   |  |  |  |
| N<br>   | lumber Street   | State ZIP Code   | - City  |  |  | e de l'alternative de l |  |
| N<br>   | lumber Street   |  |   |  |  | e e e e e e e e e e e e e e e e e e e  | principal de la companya de la compa |
| o<br>Cart 10:   | lumber Street Sity  Give Details  | About Enviror  | City  |  |  |  |  |
| art 10:   | iumber Street  ity  Give Details  urpose of Part 10,  | About Enviror  | City nmental Informati  | ion  |  |  |  |
| ert 10:   | Give Details urpose of Part 10,   | the following dense any federal, st  | City  nmental Informati finitions apply: tate, or local statute   | or regulation concer   | ning pollution, contai   | mination, release  |  |
| cart 10:<br>for the properties the care th | Give Details urpose of Part 10, numental law mean   | the following dense any federal, st  | city  nmental Informati  finitions apply: tate, or local statute or material into the a   | or regulation concernair, land, soil, surface  | ratewhnuorn ratew (  | mination, release  |  |
| art 10:<br>errt 10:<br>errt the po<br>Enviro<br>hazard<br>includ  | Give Details urpose of Part 10, numental law mean dous or toxic subsing statutes or reg   | the following dense any federal, stances, wastes, gulations control  | nmental Informati finitions apply: tate, or local statute or material into the a  | or regulation concer<br>air, land, soil, surface<br>these substances, wa   | water, groundwater<br>stes, or material.   | , or other medium  | s of   |
| art 10:<br>or the po<br>Enviro<br>hazard<br>includ<br>Site m  | Give Details  urpose of Part 10,  numental law mean dous or toxic subs ing statutes or reg  | the following dense any federal, stances, wastes, gulations controlly, facility, or proper   | nmental Informati finitions apply: tate, or local statute or material into the a  | or regulation concertair, land, soil, surface these substances, was a rany environmental   | ratewhnuorn ratew (  | , or other medium  | s of   |
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| otor 1  | DONZELL  | WINFIELD   | Case numb  | OGE (if tension)   |                                       |
|---------|--|--|--|--|---------------------------------------|
|         | First Name Middle Name L.  | ast Name   | Quo min  | CI (II Known)  |                                       |
|         |  |  |  |  |                                       |
| Have    | you notified any governmental unit   | of any release of hazardous mate   | rial?  |  |                                       |
| ZÍ N    |  | or any resease of mazardous mater  | liair  |  |                                       |
|         | o<br>es. Fill in the details.  |  |  |  |                                       |
| _ '     | es. Fill fill the details.   |  | va <u>il</u> of the  | the street of th | gg ofference was the fire             |
|         |  | Governmental unit  | Environmental I  | aw, if you know it   | Date of notice                        |
|         |  |  | 1  |  |                                       |
|         | Name of site   | Governmental unit  |  |  |                                       |
|         |  |  |  |  | 200                                   |
|         | Number Street  | Number Street  |  |  |                                       |
|         |  |  |  |  |                                       |
|         |  | City State ZIP Code  |  |  |                                       |
| ï       | City State ZIP Code  | _  |  |  |                                       |
|         |  |  |  |  | · · · · · · · · · · · · · · · · · · · |
|         | you been a party in any judicial or a  | dministrative proceeding under ar  | ny environmental   | law? Include settlements and   | orders.                               |
| N       |  |  |  |  |                                       |
| ÌΥ      | es. Fill in the details.   | erenamente andenmenten en en eren  |  |  |                                       |
|         |  | Court or agency  | Nature of the  | he case  | Status of the                         |
| c.      | and Alaba  |  |  |  | Case                                  |
| Ca      | se title   | Court Name   | <del></del> :  |  | Pending                               |
|         |  | Court Name   |  | •  | On appeal                             |
|         | 7  | Number Street  | · ·  |  |                                       |
|         |  | Hamber direct  |  |  | Concluded                             |
| Ca      | se number  | City State ZIP Co  | <u> </u>   |  |                                       |
|         |  | ony blace In co.   | · · · · · · · · · · · · · · · · · · ·  |  |                                       |
|         | Cive Details About Your Burn   | siness or Connections to Any   |  |  |                                       |
|         | A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing e An owner of at least 5% of the votice. None of the above applies. Go to Fig. Check all that apply above and file | pany (LLC) or limited liability part<br>ecutive of a corporation<br>or equity securities of a corpora<br>eart 12.  | nership (LLP)<br>ation<br>iness.   | e 1800 - 1800 e transporter e transporter sonore   |                                       |
|         |  | Describe the nature of the busines:  |  | Employer Identification number  Do not include Social Security r   | 医乳头结肠炎 医海绵 医肾病 化氯基酚氯甲酚 经成本法据基本 医结肠炎   |
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|         |  |  |  | EIN:   |                                       |
| N       | umber Street   | Name of accountant or bookkeeper   |  | Dates business existed   | HARRINANI ON IN                       |
|         |  |  |  | pares pusiness existed   | entition of the PASSAGE               |
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|         | erone e contra de contra de contra en  | Describe the nature of the business  |  | Employer Identification number   |                                       |
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| 61-     | mhay Circai  | Named and transport of the state of the stat |  | EIN:   |                                       |
| NL      | mber Street  | Name of accountant or bookkeeper   |  | Dates business existed   |                                       |
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| <u></u> | State 710 Code   |  |  | 10 10  | -                                     |

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| ebtor 1             | DONZELL   |                        | WINFIELD Case nu   | imber (if known)   |
|---------------------|---|------------------------|--|--|
|                     | First Name Middle Name  | e Last h               | lame   |  |
|                     |   |                        |  |  |
|                     |   |                        | Describe the nature of the business  | Employer Identification number  Do not include Social Security number or ITIN.   |
|                     | Business Name   |                        |  | EIN:   |
|                     | Number Street   |                        | The same in a remark to the first of the man of the first | FINE STATE OF THE  |
|                     |   |                        | Name of accountant or bookkeeper   | Dates business existed   |
|                     |   | ·                      |  |  |
|                     | City State  | ZIP Code               |  | From To  |
|                     |   |                        |  | S Committee of the Comm |
| 8. With             | in 2 years before you file  | d for hankrun          | cy, did you give a financial statement to anyor  |  |
| insti               | tutions, creditors, or othe   | er parties.            | cy, did you give a financial statement to anyor  | ne about your business? Include all financial  |
| <b>⊠</b> №          | lo  |                        |  |  |
| ☐ Y                 | es. Fill in the details belo  | ow.                    |  |  |
|                     |   |                        | Date issued  |  |
|                     |   |                        |  |  |
|                     | Name  |                        | MM / DD / YYYY   |  |
|                     |   |                        |  |  |
|                     | Number Street   |                        |  |  |
|                     |   |                        |  |  |
|                     |   |                        |  |  |
| 4                   | City State  | ZIP Code               |  |  |
|                     |   |                        |  |  |
| \$51.03.8A          |   |                        |  |  |
| art 12              | Sign Below  |                        |  |  |
| l hav               | re read the answers on ti   | his Statement          | of Financial Affairs and any attachments, and  | I declare under penalty of porture that the  |
| ansv                | vers are true and correct   | t. I understand        | that making a false statement, concealing pro<br>result in fines up to \$250,000, or imprisonment  | perty, or obtaining money or property by fraud   |
| 18 U                | .S.C. §§ 152, 1341, 1519,   | and 3571.              | esult in filles up to \$250,000, or imprisonment   | for up to 20 years, or both.   |
|                     | Λ   | , / , A                | A. Comment   |  |
| ×                   | Wondell I   | m lal                  | <b>(,</b> ) <b>*</b>   |  |
|                     |   |                        | Signature of Debtor 2  |  |
| s                   | ignature of Debtor 1  | ţ                      | organization of Debter 2   |  |
|                     |   | •                      | -  |  |
| D                   | ate 2(27)(7   | \<br>to Va Ca          | Date   |  |
| D<br>Did y          | ate 2/27/17<br>rou attach additional pag                              | es to <i>Your Sta</i>  | -  | ng for Bankruptcy (Official Form 107)?   |
| Did y               | ate 2/27/17 rou attach additional pag                                 | les to Your Sta        | Date   | ng for Bankruptcy (Official Form 107)?   |
| Did y               | ate 2/27/17<br>rou attach additional pag                              | les to <i>Your Sta</i> | Date   | ng for Bankruptcy (Official Form 107)?   |
| Didy<br>Didy<br>☑   | ate 2/27/17 rou attach additional pag                                 |                        | Date<br>Itement of Financial Affairs for Individuals Filin   |  |
| Didy<br>Didy<br>☑   | ate 2/27/17 rou attach additional pag No Yes ou pay or agree to pay s |                        | Date   |  |
| Did y  Did y  Did y | ate 2/27/17 rou attach additional pag No Yes ou pay or agree to pay s | omeone who i           | Date<br>itement of Financial Affairs for Individuals Filin<br>s not an attorney to help you fill out bankruptc<br>At   |  |

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| ebtor 1                  | DONZELL              | WI                          | NFIELD    |
|--------------------------|----------------------|-----------------------------|-----------|
|                          | First Name           | Middle Name                 | Last Name |
| btor 2                   |                      |                             |           |
| pouse, if filing)        | First Name           | Middle Name                 | Last Name |
| ited States<br>se number | Bankruptcy Court for | the: Northern District of I | llinois   |

☐ Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D information below.   | chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the |                               |  |  |  |
|--|--|-------------------------------|--|--|--|
| Identify the creditor and the property that is collateral  | What do you intend to do with the property the secures a debt?                             | at Did you claim the property |  |  |  |
| Creditor's name:   | ☐ Surrender the property.  | ☐ No                          |  |  |  |
| <u>and and and the state of the s</u> | Retain the property and redeem it.   | ☐ Yes                         |  |  |  |
| Description of property securing debt:   | Retain the property and enter into a Reaffirmation Agreement.                              |                               |  |  |  |
| •  | Retain the property and [explain]:   | _                             |  |  |  |
|  | ☐ Surrender the property.  | Tho                           |  |  |  |
| name:  |  | ☐ Yes                         |  |  |  |
| Description of property securing debt:   | Retain the property and enter into a Reaffirmation Agreement.                              | <b>—</b> 100                  |  |  |  |
|  | Retain the property and [explain]:   |                               |  |  |  |
| Creditor's   | ☐ Surrender the property.  |                               |  |  |  |
| name:  | Retain the property and redeem it.   | ☐ Yes                         |  |  |  |
| Description of property securing debt:   | Retain the property and enter into a<br>Reaffirmation Agreement.                           |                               |  |  |  |
|  | Retain the property and [explain]:   | <del></del>                   |  |  |  |
| Creditor's   | ☐ Surrender the property.  | □ No                          |  |  |  |
| name:  | Retain the property and redeem it.   | ☐ Yes                         |  |  |  |
| Description of property securing debt:   | Retain the property and enter into a Reaffirmation Agreement.                              |                               |  |  |  |
| ·  | Retain the property and [explain]:   | ******                        |  |  |  |

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Debtor 1

| DONZELL    |             | WINFIELD  | Case number (If known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | (2.43.2017)            |

| in the information below. Do not list real estate leases. <i>Unexpi</i><br>ded. You may assume an unexpired personal property lease if                                  | redule G: Executory Contracts and Unexpired Leases (Official Form 106G), and leases are leases that are still in effect; the lease period has not yet the trustee does not assume it. 11 U.S.C. § 365(p)(2).   |
|---|--|
| Describe your unexpired personal property leases  | Will the lease be assumed?   |
| Lessor's name:  | □ No   |
| Description of leased property:   |  |
| Lessor's name:  | □ No   |
| Description of leased property:   | ☐ Yes  |
| Lessor's name:  | □No  |
| Description of leased property:   | ☐ Yes  |
| Lessor's name:  |  |
| Description of leased property:   | The second secon |
| Lessor's name:  |  |
| Description of leased property:   | Yes  |
| Lessor's name:  |  |
| Description of leased property:   | Yes  |
| Lessor's name:  | □ No   |
| Description of leased property:   | Yes  |
| Description of leased property:  Sign Below  Index penalty of perjury, I declare that I have indicated my intentersonal property that is subject to an unexpired lease. |  |
| ignature of Debtool 1 Signature   | of Debtor 2  |
|   |  |